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Department of Social Development

**An explorative study of the perceptions of social workers who are exposed to work-related, secondary traumatic experiences through their clientele, of the psychosocial support Equine Assisted Therapy (E.A.T.) could provide**

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A minor dissertation submitted in partial fulfillment of the requirements for the award  
of the degree of Master's in Clinical Social Work

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#### **COMPULSORY DECLARATION**

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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## **Abstract**

This study emanates from the fact that trauma is an increasing reality in our society and it has a particular focus on social workers who work with clientele that have been exposed to and who have suffered trauma. As a result and by using clinical judgment of social workers working in such environments, the social workers may have developed Secondary Traumatic Stress (S.T.S.) symptoms. Psychosocial support functions as a preventative and supportive tool for social workers and emotion-focussed programmes have beneficial effects on the psychosocial well-being of social workers by reducing their distress. This study will be exploring a psychosocial intervention called Equine Assisted Therapy (E.A.T.), which makes use of horses in a therapeutic model and enables clients to interact with horses on an emotional and metaphorical level that empowers clients to experience emotional and behavioural change and growth. The significance of this study is to enable the researcher to explore E.A.T. as a possible psychosocial intervention that can provide support for social workers and health care professionals alike who work in environments where they are exposed to high levels of trauma.

The researcher made use of a qualitative paradigm that was explorative in nature to gain perspective of the chosen topic. The population for the study comprised of 16 social workers that work in the family violence, child welfare and sexual assault field and who attended a once-off Equine Assisted Therapy (E.A.T.) session to expose them to the therapy model being explored. The participants then volunteered for a semi-structured interview with the researcher which was digitally recorded, thereby allowing the researcher to collect the data and then analyse the data.

The study indicated that social workers had felt their Secondary Traumatic Stress symptoms improve as they were able to identify and address these symptoms through the non-threatening nature of Equine Assisted Therapy (E.A.T.). The social workers perceived the experience of E.A.T. as empowering due to the impact of the activities and the metaphors that they were exposed to and the fact that these enabled the participants to see and experience what their realities are and to be able to develop their understanding on a personal and professional level. Through the research conducted, it was found that the sample of social workers that participated in this study perceived Equine Assisted Therapy (E.A.T.) as a supportive psychosocial model.

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# **Chapter One**

## **1.1 Introduction**

This chapter begins the journey for this research project. The chapter starts with the motivation for this study followed by the rationale and the significance of the study. The research topic is then stated and the research questions and objectives follow on from that. Concepts are then clarified that are relevant to the topic of research and then the research methodology is described whereby the population, sampling, data collection and data analysis methodologies are presented. The ethical considerations for the study are then expressed and the reflexivity of the researcher is presented. The chapter ends off with a conclusion for the chapter and chapter two follows next.

## **1.2 Motivation for study**

The motivation for this study stems from the fact that trauma is an increasing reality in our society and people are exposed to traumatic situations and experiences on varying levels, including our health and service professionals who offer their help to those who have suffered trauma (Gibson, Swartz & Sandenbergh, 2002). Being a professional in the therapeutic role of helping people that have been traumatised and have experienced trauma lends oneself to being vulnerable to developing one's own trauma symptoms (Gibson, et al., 2002; Mitchell & Everly, 1993; Saakvitne & Pearlman, 1996). It has been described as an occupational hazard as the work involves listening empathically, caring, facing the reality of trauma and a human consequence of knowing (Saakvitne & Pearlman, 1996).

A Secondary Traumatic Stress (S.T.S.) response from a mental health worker working with trauma victims, occurs because they are exposed to a victim's recount of the traumatic event, their primary stressors and their secondary stressors and due to the level of emotional involvement required from the therapist, the mental health worker is at risk for developing secondary trauma stress symptoms similar to that of the client (Stamm, 1999). This study is particularly focussing on social workers who

work in the field of family violence, child welfare and sexual assault survivors who are at risk of developing Secondary Traumatic Stress (S.T.S.) symptoms due to their exposure to the type of traumatised clientele that they work with (Bride, Jones and MacMaster, 2007; Choi, 2011; Sprang, Craig & Clark, 2011).

### **1.3 Rationale for study**

The reasoning that underpins the motivation for this study is that psychosocial support is an intervention that can function as a preventative and supportive tool for social workers who are at risk of developing secondary stress symptoms (Choi, 2011; Newell & MacNeil, 2010). It enables social workers to cope with the negative effects of their work stress and it has a direct effect on the psychosocial well-being of the social workers (Patterson, 2003). Koeske and Koeske (1991) (as cited in Patterson, 2003) suggest that results of studies show that social support using emotion-focussed programmes have beneficial effects on psychosocial well-being by reducing distress. Hence, this study is exploring a mode of intervention that could help social workers and it is called Equine Assisted Therapy (E.A.T.), which is a form of therapy that makes use of horses in the model whereby clients interact with horses on an emotional and metaphorical level that empowers clients to experience emotional and behavioural change and growth (E.A.G.A.L.A., 2006). This study is based on social workers experiencing a once off E.A.T. session and based on this initial experience, whether social workers would perceive the E.A.T. approach as a potentially effective resource of support.

This approach encompasses a belief that clients have their own answers and know what is best for them and that the clients have the capability to overcome their struggles and find new solutions through an empowering approach using horses (E.A.G.A.L.A., 2006). It has been widely recognised that animals have a positive influence on human functioning and over the years it has been refined and there have been specific methodologies that have been developed to assist humans in coping with psychosocial stressors, namely E.A.T. (Nimer & Lundahl, 2007).

#### **1.4 Significance of study**

Having motivated and provided reasoning as to why this study is taking place, it is important to indicate how the study may contribute with reference to what the findings may deliver. Ensuring the mental health and wellness of those that are in the welfare, helping and caring professional roles should be important in helping to enrich our society and make a happier and healthier society.

The high levels of burn out and professionals leaving social services results in a loss of expertise and resources within the profession. This study could provide new insight on a relatively new model of a therapeutic approach through the initial experience of the participants that could be further researched and possibly applied to a variety of populations within society. With the findings of the study, the researcher may be able to contribute to the school of thought around animal assisted therapy and in particular Equine Assisted Therapy (E.A.T.) and its utility as a form of psychosocial support intervention with health care professionals who work in environments of high levels of trauma exposure.

#### **1.5 Research topic**

*An explorative study of the perceptions of social workers who are exposed to work-related, secondary traumatic experiences through their clientele, of the psychosocial support Equine Assisted Therapy (E.A.T.) could provide*

#### **1.6 Research questions**

1. What are the perceptions of social workers, as to whether E.A.T. assisted in improving their secondary trauma and stress symptoms?
2. Do social workers, with possible secondary traumatic stress symptoms, experience E.A.T. as emotionally supportive?
3. What are the perceptions of social workers regarding aspects of the E.A.T. process in addressing their past work-related traumatic experiences?

4. What are the perceptions of social workers regarding the effectiveness of E.A.T. for addressing their past-work related traumatic experiences?
5. How do social workers, with possible secondary traumatic stress symptoms, perceive their experience of E.A.T. in comparison to other support services available to them?

### **1.7 Research objectives**

- To ascertain whether E.A.T. could assist social workers in improving their secondary trauma and stress symptoms.
- To explore the perceptions of social workers, as to whether E.A.T. could provide emotional support relating to their history of work-related trauma and/or secondary traumatic stress symptoms.
- To investigate which aspects of the E.A.T. process particularly assisted the social workers in addressing their work-related traumatic experiences.
- To investigate the possible effectiveness of E.A.T. for social workers in addressing their past work-related traumatic experiences.
- To explore the perceptions of social workers, with possible secondary traumatic stress, as to how E.A.T. compares to other treatment/support available to them.

### **1.8 Concept clarification**

**Animal Assisted Therapy:** Animal Assisted Therapy describes the intentional inclusion of an animal in a treatment plan to facilitate healing and is used to enhance traditional treatments such as occupational therapy, speech therapy, physical rehabilitation, or even psychotherapy (McCardle, et al., 2011). This concept is utilised for this study in terms of making use of horses to aid in psychosocial support for social workers.

**Equine Assisted Therapy (E.A.T.):** This is a short-term therapeutic approach that incorporates horses experientially for emotional growth and learning and is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals (E.A.G.A.L.A., 2006). This process refers to the alternate psychosocial support intervention that is being explored in this study.

**Mental health professional:** This refers to a skilled person, working in the mental health field, who is clinically trained to assist people with therapeutic and psychosocial needs, such as social workers, counsellors, psychiatrists and psychologists. This study has specifically focussed on social workers in the clinical field (Roberts, 2009).

**Perception:** Can be understood as the process of attaining awareness or understanding of sensory information (Sigleman & Rider, 2003). For this study it is understood as how a person feels towards an experience and their subjective understanding of that experience.

**Psychosocial:** A concept that describes theory and practice of social work in understanding a person in terms of psychodynamics and a person's societal roles and systems, as well as describing clinical social work practice as being identified from a diverse theoretical base (Roberts, 2009). For purposes of this study, psychosocial refers to the participants systems and their varying psychodynamics surrounding the topic of research.

**Secondary Traumatic Stress (S.T.S.):** Can be understood in terms of "the natural consequent behaviours and emotions resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from helping or

wanting to help a traumatised or suffering person” (Stamm, 1999, p.10), which is the focus for this study.

**Trauma:** Is a result of a traumatic event whereby an individual experiences, witnesses, or learns that about experiences or has an experience of an event that involves actual or threatened death or serious injury or other threat to one’s physical integrity whereby the individual has responded with emotional symptoms or responses (American Psychiatric Association, 2000). This concept of trauma is relevant to the study, as it encompasses a broad understanding of trauma and that it can be experienced vicariously or personally.

**Work-related trauma experiences:** For purposes of this study these refer to the traumatic experiences that social workers may be exposed to on a secondary level due to the clientele they work with. These experiences could possibly cause the social worker to experience trauma-related stress/symptoms as a result of working with their clientele.

## **1.9 Research methodology**

This section of the chapter presents the methodology used for the research project and provides the detail of the varying aspects of the methodology used. The researcher will be making use of a qualitative paradigm which is interpretive in nature and aims to understand the meaning that people attach to everyday life (De Vos et al, 2002).

### **1.9.1. Research design**

The design of the research project is explorative, as it will be looking into a subject of study that is relatively new and unstudied and seeks to gain perspective of the chosen topic (De Vos, et al., 2002; Rubin & Babbie, 2008).

### **1.9.2. Population of study**

The population of the study is comprised of social workers that work in the family violence, child welfare and sexual assault field whereby half the participants were from one organisation and the other half of the participants were from another organisation within the specified field.

### **1.9.3. Sampling**

Non-probability sampling will be used in the study whereby the researcher is able to seek participants from where the specific processes being studied are most likely to occur (De Vos, et al., 2002). Linking to that, purposive sampling will be used, which is a type of non-probability sampling, that enables the researcher to choose a particular group of participants that illustrate some feature or process that is of interest to the study (De Vos, et al., 2002).

### **1.9.4. Data collection method**

The data collection method will be in-depth, one to one interviews that will enable the researcher to gain detailed information relating to the participant's perceptions and accounts of the topic (De Vos, et al., 2002). The data collection instrument will be a semi-structured interview schedule and the data collection tools used will be field notes and a digital voice recording device.

### **1.9.5. Data analysis method**

Data analysis will be carried out by using an adaptation of Tesch's model, as found in De Vos, et al. (2002) whereby the interviews will be transcribed and analysed by coding the information, which classifies and conceptualises the data collected (Rubin & Babbie, 2005).

The research methodology will be argued for and the limitations acknowledged further in chapter 3.

## **1.10 Ethical considerations**

The process of conducting a research study requires the researcher and all partaking in the research, to be aware of shared agreements of ethical practices, behaviours and conduct, which are seen to be acceptable and unacceptable by research professionals (Babbie & Mouton, 2010). In this section of the chapter, the researcher will describe the ethical considerations necessary for social research and will link them to this particular study. The ethical considerations that will be described are; harm to clients, informed consent, privacy/confidentiality, deception of participants and the actions and competence of the researcher.

### **1.10.1. Harm to clients**

It is significant to note that harm to clients could be physical, emotional and/or psychological and it is important for the researcher to avoid deliberate harm to participants (De Vos, et al., 2002). The researcher will thoroughly inform the participants beforehand about the potential impact of the interview. The researcher will be sensitive towards the clients and ensure to the best of her ability that participants will not be harmed in an emotional or physical manner. The interviews will take place at a time and place convenient for the participants and enabling a safe space for the interview to take place in accordance with the needs of the participants. The researcher will be careful in how questions are phrased to avoid discomfort or emotional harm to the participants or the organisation as a whole.

### **1.10.2 Informed consent**

According to De Vos et al. (2002), informed consent relates to the agreements from the participants that they are volunteering to participate in the study with all necessary knowledge having been provided by the researcher. The participants will be informed on the goal, procedures, the possible dangers, the advantages and the disadvantages of participating in the study by way of a participant information letter and an informed consent letter signed by each participant. This is the researchers way of ensuring participants receive all necessary information to maintain a transparent approach and to enable the participants to make an informed choice. The researcher will also inform participants that they have the right to withdraw from the study at any point.



### **1.10.3. Privacy/Confidentiality**

This consideration refers to the right of participants' confidentiality, whereby they determine the extent to which their beliefs, attitudes and behaviours will be revealed by the researcher and that the researcher will respect this right while maintaining anonymity and the privacy of the participants (De Vos, et al., 2002). The researcher will ensure confidentiality and the participants' right to privacy and anonymity by way of using pseudonyms instead of their real names and the researcher will ensure that she is the only one privy to the true identity of the participants.

### **1.10.4. Deception of participants**

This consideration refers to the researcher being aware to not deliberately misrepresent facts or withhold information in order to make the participants believe something that is not true, affecting their willingness to participate, such as emotional discomfort or physical risk, thereby violating the respect to which all persons are entitled to (De Vos, et al., 2002). The researcher will remain transparent throughout the research process and will allow all the participants to have access to research information when they require and to enable the participants to ask questions when they feel they need to.

### **1.10.5. Actions and competence of the researcher**

The competence of the researcher is important to ensure that ethical guidelines relating to participants, sampling practices and the writing of the research report are adhered to appropriately (De Vos, et al., 2002). The researcher has previous experience in conducting research and will ensure that the necessary skills and professionalism required for the process are utilised. This will be achieved through regular communication and feedback from the researcher's supervisor. The researcher will communicate continuously with the relevant personnel at the organisations participating in the study and with university staff to maintain perspective and ensure correct research etiquette (De Vos, et al., 2002).

### **1.11 Reflexivity**

Reflexivity can be understood as the author's ability to formulate an integrated understanding of one's own influence and role and the impact of one's perceptions and ideas on their research through self-awareness (De Vos, et al., 2002). The author of this research understands that her subjectivity to the topic could impact the objectivity of the study, as she holds strong beliefs that Equine Assisted Therapy (E.A.T.) is a useful intervention. The author practices E.A.T. in her clinical practice and thus has a keen interest in the modality and is eager to explore successful ways of incorporating this intervention. The author is aware that she believes that Equine Assisted Therapy will demonstrate that it provides psychosocial support for social workers. The author will ensure that she remains as objective as possible and to the best of her ability. The author acknowledges that she may have an influence on the study, as it is being conducted around human relations and she will remain professional and objective within the role of researcher. The author is aware of the empathy she may hold for the participants, as she has an understanding and perception of the emotional demands the profession has on individuals and thus, the researcher aims to remain neutral throughout the research process.

### **1.12 Conclusion**

In conclusion, this chapter has explored the motivation, the rationale and the significance for the study. Thereafter, the research topic, the research questions and the objectives of the study have been stated. These were followed by concepts relevant to the study being clarified and then the research methodology has been described whereby the population, sampling, data collection and data analysis methodologies were presented. The end of the chapter presented the ethical considerations for the study and the reflexivity of the researcher. In the subsequent chapter, a review of pertinent literature relating to the research objectives will be discussed.

## **Chapter Two**

### **Literature Review**

#### **2.1. Introduction**

This chapter is a review of the relevant literature surrounding the topic of this research project. The chapter will begin with a rationale of the topic and then explore several theoretical frameworks that link to the topic. This will be followed by a more in-depth look at the topic according to the literature and will be broken down into sections whereby the researcher will be exploring trauma, the relationship between trauma and mental health occupations, mental health care and secondary traumatic stress and social work and secondary traumatic stress. Subsequent to these sections, the researcher will then explore psychosocial support, the importance of psychosocial support for social workers, animal assisted therapy as a psychosocial support and more specifically, Equine Assisted Therapy (E.A.T.) as an alternative psychosocial support. Chapter two will then conclude and chapter three will discuss the research methodology.

#### **2.2. Rationale**

Trauma has become a reality for many people within the context of their personal and/or professional lives (Ringel & Brandell, 2012). The trauma that people can experience ranges from physical, emotional, psychological and psychosocial whereby these experiences occur as a result of a variety of risks within both personal and professional aspects of people's lives (Bride, 2007; MacRitchie & Leibowitz, 2010; Ringel & Brandell, 2012).

On a personal level, people may be exposed to crime, violence, accidents involving motorcars and varying levels of abuse, to name a few (MacRitchie & Leibowitz, 2010; Ringel & Brandell, 2012). On a professional level, working in the field of police services, emergency services, emergency psychiatric services and hospital services, as well as trauma response services, to name a few, put people at risk of exposure

to traumatic experiences (Gibson, et al., 2002; Mitchell & Everly, 1993; Spiers, 2001). Hence, one can begin to understand that trauma is a reality in our society and people from all areas of society are exposed to traumatic situations and experiences on varying levels (Gibson, et al., 2002).

For example, in the United States, Bride (2007) found that the lifetime prevalence of exposure to traumatic events ranges from 40% to 80% of people having been exposed to one or more traumas. According to the world report on violence and health published by the World Health Organisation (W.H.O.), which lists murder rates for 75 countries, South Africa has a high incidence of violence with a homicide rate of 59 per 100 000 people, second to Columbia whose homicide rate was 63 per 100 000 (Krug, et al., 2002).

Gibson et al. (2002) expounded that an effect of traumatic experience/s is that it can affect and overwhelm an individual's internal resources in terms of being able to cope with the trauma. Research has indicated that there is a relationship between experiences of exposure to or witnessing violent and traumatic events and specific traumatic stress symptomatology (Kopel & Friedman, 1997). As a result, people will seek help to relieve their symptoms from professionals, such as social workers, who are skilled and trained in this specific field (Ringel & Brandell, 2012).

Social workers in the clinical field may offer their services to people who have been traumatised and provide therapeutic services to those who are suffering from trauma related experiences and who need assistance in coping with and managing their experiences and symptoms (Gibson, et al., 2002; Mitchell & Everly, 1993; Ringel & Brandell, 2012; Saakvitne & Pearlman, 1996). As the social worker, this lends oneself to being vulnerable to developing one's own trauma symptoms, as being a professional in the therapeutic role, the work involves listening empathically, caring, facing the reality of trauma and engaging with often graphic and difficult recounts of experiences of clientele (Ringel & Brandell, 2012; Saakvitne & Pearlman, 1996). There are various explanations in the literature with regards to what these symptoms refer to, but for this study, the researcher is focussing on the term Secondary Traumatic Stress (S.T.S), which occurs as a result of repeated exposure to clients' traumatic stories and the therapist suffering negative effects such as developing their own trauma symptoms (Ringel & Brandell, 2012).

Thus, it is important to explore how the social workers that provide help are themselves getting the support necessary to cope with the negative effects of their work stress (Patterson, 2003). Psychosocial support is an intervention that can function as a preventative and supportive tool for social workers who are at risk of developing secondary stress symptoms (Choi, 2011; Newell & MacNeil, 2010). Animal-Assisted therapy, specifically Equine Assisted Therapy (E.A.T.) which is the inclusion of horses in a therapeutic model, is becoming recognised as a valuable modality to help people through a therapeutic process (Nimer & Lundahl, 2007).

This study is exploring whether social workers working in the field of child welfare and abuse would perceive Equine Assisted Therapy (E.A.T.) as a possible psychosocial support resource, based on an initial experience of one session of E.A.T., to assist in working through their Secondary Traumatic Stress symptoms.

### **2.3. Theoretical frameworks**

There are various theoretical approaches that one could explore within the realm of trauma and secondary stress trauma, however the researcher will be focussing on three main theories to help contextualise the study, namely, trauma theory (specifically constructivist self-development theory), cognitive behavioural theory, and general systems theory (more specifically dynamic systems theory).

The researcher will provide a brief overview of each theory and link the theory to trauma, which is of most relevance for this study. The theories provide possible explanations for the impact of trauma experiences of clientele on the social worker and provide support for the Equine Assisted Therapy approach that is explored in this research, which is grounded in cognitive behavioural and general systems theory.

#### **2.3.1. Trauma theory**

Trauma theory relates to a theory of self that addresses the specific impact of trauma and traumatic experiences on self-development and it refers to an individual's response to trauma and how the response has been contextualised by the dynamics of perception, cognition, and affective processing, which include the need to create

meaning and construct personal narratives (Saakvitne, et al., 1998). For example, an individual who has survived long term abuse in childhood and who has developed severe psychopathology and emotional vulnerability, may reflect considerable resourcefulness and self-protectiveness and it could be argued that the individual could be more resilient than others (Saakvitne, et al., 1998).

There are several theories that have contributed to trauma theory, however for purposes of this research, the author will specifically mention Constructivist Self Development Theory (C.S.D.T.), as it relates to other theories explained in this chapter and provides a link between the theories.

#### **2.3.1.1. Constructivist Self Development Theory (C.S.D.T.)**

This is a personality theory that integrates constructs from psychoanalytic and social learning theories that describes the impact of a traumatic event (or traumatic context) on the development of self (Saakvitne, et al., 1998). Pearlman and Mac Ian (1995) describe the theory as viewing individuals' adaptations to trauma as interactions between their personalities (defensive styles, psychological needs, coping styles) and prominent features of the traumatic events within the setting of the individuals' social and cultural contexts that form their responses.

The theory is constructivist in nature with a focus on personality development because it highlights the aspects of development that are most likely to be affected by traumatic events by way of describing personality development as the interaction between core self-capacities (related to early relationships, secure attachments, and ego resources) and constructed beliefs and schemas (related to cumulative experiences and the attribution of meaning to those experiences) that shape perception and experience (Saakvitne, et al., 1998). Hence, the core self-capacities and the constructed beliefs of the social workers that deal with clients who have suffered trauma, will form the reactions of the social workers as to the level at which they experience any trauma symptoms themselves (Saakvitne, et al., 1998).

### **2.3.1.2. Trauma and Constructivist Self Development Theory (C.S.D.T.)**

C.S.D.T. views an individual's adaptation to trauma as an interaction between their personality and personal history and the context of the traumatic event, within the social and cultural contexts of the trauma (Saakvitne, et al., 1998). Hence, individuals construct and interpret their own realities whereby the meaning of the traumatic event is in the individual's experience of it (Saakvitne, et al., 1998). Thus, the individual's early development of self relates to their current way of experiencing and interacting with self and others whereby C.S.D.T. views the symptoms of trauma as adaptive strategies that develop to manage feelings and thoughts that threaten the self (Saskvitne, et al., 1998).

The theory of C.S.D.T. provides a framework of the specific aspects of self that are most affected by traumatic events and conceptualises those aspects as being responsive to both conscious and unconscious mechanisms of change (Saakvitne, et al., 1998). The theory provides a template for being able to identify the damage caused by trauma, as well as function toward the healing and growth after the trauma (Saakvitne, et al., 1998). Hence, it is important to be able to identify the specific aspects of the self that will be most affected by trauma and to then alter and potentially strengthen these aspects through a healing process (Saakvitne, et al., 1998).

With reference to C.S.D.T. and the nature of trauma and secondary trauma symptoms for those professionals in the helping fields, the material that is presented in the therapeutic setting, the nature of the client and their behaviours, the work setting as well as the cultural and social context of the helping professional, all have an impact on how the therapist perceives the trauma and assists the client (Pearlman & Mac Ian, 1995). Hence, this study will be exploring the impact that working with clients who have suffered trauma has on social workers and how they have perceived these experiences and how they have reacted to them.

The following subsection explores the next theory that seeks to provide a context for the topic of this research.

### **2.3.2. Cognitive behavioural theory**

A cognitive approach is based on the idea that a person's cognition plays a significant and primary role in determining and maintaining the emotional and behavioural responses to experiences (Ringel & Brandell, 2012; Turner, 1996). It holds the idea that the internal representations of others, the world and ourselves are based on our experiences and as we have new experiences, the information is actively organised within our existing representations/schemata (Spiers, 2001).

For example, being in an elevator could be associated with an unpleasant or dangerous outcome due to an individual's previous experience of being trapped and injured in an elevator, whereby the person now responds to an elevator or the thought of going into an elevator with the same level of fear associated with the dangerous experience (Ringel & Brandell, 2012). Hence, cognitive processes such as meanings, judgments, appraisals and assumptions associated with life events/experiences, determine one's feelings and actions in response to these life events/experiences and either facilitate or hinder the process of adaptation (Ringel & Brandell, 2012). Thus, the way a social worker will respond emotionally and behaviourally to a traumatic event/experience in relation to their client sharing their trauma, is determined by their understanding and thinking and preconceived assumptions (Ringel & Brandell, 2012).

Treatment within cognitive behavioural thinking includes effort directed toward helping the client identify, challenge, and change thinking patterns that result in dysfunctional forms of emotion, behaviour and problem solving (Turner, 1996). The representations that individuals have developed inform a therapist about how the individual makes sense of the world and how an individual perceives experiences (Spiers, 2001). It works on the assumption that our thinking mediates the way we respond to experiences and that the way we think about our reality is central to how we react to our reality (Ringel & Brandell, 2012).

Thus, through a therapeutic approach that works on changing cognitions, the direction of more rational, realistic and balanced thinking can be developed and as a result, the individual's symptoms can be relieved whereby the person can experience increased adaptability and functionality (Ringel & Brandell, 2012). In cognitive behavioural therapy, it is important to understand how these new experiences are



blocked by the existing representations and how the therapist can assist in developing new ways of thinking to encourage behaviour change (Spiers, 2001).

One can relate cognitive behaviour theory to trauma in terms of traumatic experiences that people have will be interpreted according to their preconceived representations and thus, the reactions that they have to the trauma will be as a result of how they have perceived the trauma according to their representations (Ringel & Brandell, 2012; Spiers, 2001).

#### **2.3.2.1. Trauma and cognitive behaviour theory**

Within the realm of traumatic experiences, the existing representations that an individual has developed cannot cope with the new experience and integration does not occur, whereby recollections of the experience are replayed in an attempt to integrate the experience and the individual continues to experience the symptoms, as a result of not being able to adapt (Spiers, 2001). It is the individual's interpretation and judgment of the trauma and the subsequent memory that contributes to the symptoms being felt persistently by the individual (Ringel & Brandell, 2012). For example, a child who was beaten by a man in the corner of a room, will re-experience the feelings of anxiety, fear, vulnerability, insecurity and worry when he sees another man or is faced with being in the corner of a room, in an attempt to understand the experience he had and to process the experience, as he has no previous representations of what the experience is and how to cope with it (Spiers, 2001).

The process of cognitive behaviour therapy when dealing with trauma is for the individual to access the trauma memory and allow for corrective emotional engagement, while providing opportunities to modify and reframe the dysfunctional and irrational thoughts (Ringel & Brandell, 2012; Spiers, 2001). Hence, with trauma therapy from a cognitive behavioural aspect, the emphasis lies in the importance of the individual developing a new understanding of the experience through addressing their reactions in connection with their self-concept and aiding the individual in accommodating the experience in a new framework of self-understanding (Spiers, 2001).

This relates to the psychosocial intervention of Equine Assisted Therapy (E.A.T.) discussed later in this chapter, where the researcher explores an intervention that is experiential in nature and encourages behaviour change in individuals whereby the use of a horse reflecting and creating a metaphorical link to the individual's life and experiences allows for the emotional reframing of the experience (E.A.G.A.L.A., 2012).

This last subsection of theory explores General Systems Theory, and more specifically, Dynamic Systems Theory.

### **2.3.3. General systems theory**

General systems theory works from the assumption that humans develop within various systems that interact and impact on one another, thus creating change and influence (Sigelman & Rider, 2003). The theory postulates that changes over the lifespan are due to on-going transactions and mutual influences between a changing world and a changing organism (Sigelman & Rider, 2003). In other words, changes in the person produce changes in the environment and changes in the environment produce changes in the person; hence one cannot view an individual separately from their physical and social contexts, as they are all part of a larger, interactional system (Sigelman & Rider, 2003).

#### **2.3.3.1. Trauma and general systems theory**

People are sensitive to their environments and respond differently depending on their historical experiences and systems available to them (Keenan, 2010), hence when exploring trauma and stress amongst individuals one needs to take into consideration their various systems. How a person is affected and responds to a stressor is based on their history and current conditions of their personality and sub-systems that regulate stress responses (internal and external processes, risk and protective factors), hence one cannot view one particular system as at fault for a person's reaction, but to rather view the collective systems for that individual to understand their reaction and what has shaped their understanding of the stressor/experience (Keenan, 2010).

A further investigation into systems theory through Dynamic Systems Theory enables one to explore the internal and external responses of an individual in more depth and with more understanding in terms of an individual's responses to trauma.

#### **2.3.3.2. Dynamic Systems Theory (D.S.T.)**

Dynamic Systems Theory (D.S.T.) compares two primary principles based on systems theory; (i) that humans are self-organising systems and form and reform by processes and feedback, becoming more ordered and complex over time as multiple subsystems join together; and (ii) humans are sensitive to the environment and have the capacity to respond within an existing subsystem and to be able to modify and transform subsystems in response to external factors (Lewis, 2000) .

The multiple pathways that D.S.T. explores are the internal and external processes, the presence, loss or lack of material and social resources and cultural interpretations that influence an individual with regards to reaction and change in their experiences and life development (Keenan, 2010). For example, a child who is sexually abused by her uncle may have initial reactions of shock, anger, sadness and worry but her personality is strong-willed, insightful, understanding, and calm, which shifted her assessment of the trauma and thus her stress response was steadied due to her stable personality (Keenan, 2010).

Another aspect to briefly explore in terms of D.S.T. is that of cultural interpretations, which can be understood in terms of people being culturally bound in their understandings of events, resources and the pathways available to them (Keenan, 2010). Hence, people can interpret experiences according to their religion and the expectations of their culture that they have grown up with and their reaction pathway is determined by their cultural beliefs, values and the expectations of their culture. Continuing with the previous example of the child who was sexually abused, the culture of the child might impact her response and ability to deal with the trauma because if her culture was, for example, restrictive in terms of allowing young girls to talk to others about sexual encounters, this may influence her reaction and she may try to deal with the trauma on her own and may develop possible post-traumatic stress symptoms as a result of not processing her trauma (Keenan, 2010).

The level at which a social worker is at risk of experiencing their work with clients who seek therapy for their traumatic experiences, as distressing or challenging can be affected by their interpretation of the experience in terms of their cultural background, and this will vary according to each individual (Keenan, 2010).

#### **2.3.3.3. Trauma and Dynamic Systems Theory (D.S.T.)**

Focussing on the internal and external processes of Dynamic Systems Theory, the internal processes are described as the variables that interact within a person to self-organise and there are specific ones that relate to stress and coping as well as the trauma and resilience of an individual in terms of the response elicited (Keenan, 2010). Keenan (2010) categorises these internal processes specific to trauma and stress in terms of bio-psychosocial capacities, appraisal and interpretation of the situation, and the intentions or goals that guide the responses to stress.

##### **Internal processes**

#### **2.3.3.3.1. Bio-psychosocial capacities**

The bio-psychosocial capacities can be understood in terms of the social worker's personal resources or protective factors (self-efficacy, constitutional factors, ability to seek help, proactive initiative, sense of mastery, and preparedness) which have developed over time and vary from person to person (Keenan, 2010). Hence, a loss or challenge to individuals' personal resources or protective factors has an influence on how that individual copes with stress (Keenan, 2010).

#### **2.3.3.3.2. Appraisal and interpretation of the situation**

The appraisal and interpretation of a situation can be understood in terms of the state of mind (perception, associations, expectancies, plans, etc.) of the social worker being stabilised when being joined by an emotion together with values and shared beliefs whereby the result is an interpretation of the traumatic event that has occurred (Keenan, 2010; Lewis, 2000). Hence, a person's interpretation of a situation depends on their state of mind, the emotion that the event brings with it and the beliefs and values that the person has connected to that event/experience (Keenan, 2010).

#### **2.3.3.3.3. Intentions or goals that guide the stress response**

The intentions or goals of a person will influence their perception and response to stress, so the way that one will cope when presented with a stressor or stress-inducing situation will depend on the goals and values of the person in terms of how they cope working towards what is important to them on an individual level (Keenan, 2010). For example, a social worker who has chosen to work with victims of trauma, may cope better in dealing with possible secondary trauma symptoms because they can see the value in what they offer to their clients.

According to D.S.T., the responses that social workers have to their clientele will be influenced by their internal responses and thus the level of secondary traumatic stress that a social worker may experience is dependent on their internal processes available to them (Lewis, 2000).

#### **External processes**

The external processes of D.S.T. that one needs to consider when exploring the secondary traumatic stress that social workers may experience due to their work is that which Lewis (2000) terms as the variables in the environment that influence self-organisation and action. These external processes join together with the internal processes to stimulate particular pathways and reactions within individuals (Lewis, 2000).

The external processes relate to the presence, loss, or lack of material and social resources and cultural interpretations (Keenan, 2010). These material resources refer to things like income, stable housing, food security, health care, etc. and the social resources refer to significant others who provide love, nurture, guidance, support and protection (Keenan, 2010). Hence, understanding the level of resources available to an individual and the simple presence/absence of material and social resources can impact on the coping and resilience of the individual (Keenan, 2010). Thus, one needs to consider the degree to which they function as risk factors or protective factors for social workers who are exposed to working with clientele who seek therapy for their trauma experiences (Keenan, 2010).

Overall, according to general systems theory and dynamic systems theory in relation to stress and coping, trauma events or experiences are reacted to by individuals in terms of the level at which they threaten or result in loss of resources (internal, external, material, social) and it depends on the individual's level of availability of these resources that determines their reaction (Keenan, 2010). Therefore, one can understand that it is the systems and subsystems available to the social worker (both historically and present) that will collectively affect the level of secondary traumatic stress that he or she may experience (Keenan, 2010).

Having explored the theory around trauma and provided some context to the topic of study, the researcher will now explore specifically the term trauma and relate it to the population for this study.

#### **2.4. Defining trauma**

A logical way of understanding and defining trauma would be to first understand it in the context of Post-Traumatic Stress Disorder (P.T.S.D.) as laid out by the DSM-IV-TR (as cited in Roberts, 2009, p. 558 & 559) which defines P.T.S.D. as including six criteria:

- Criterion A. The person must be confronted by a traumatic experience involving threat of death, serious injury, or loss of physical integrity to which the person's subjective response is marked by fear, helplessness, or horror.
- Criterion B. The person must have at least one symptom of persistently re-experiencing the traumatic event, including intrusive images or thoughts, dreams about the event, a sense that the event is recurring, intense distress when reminded of the event, or physiological reactivity to event-related cues.
- Criterion C. The person must have a minimum of three symptoms of avoidance and numbing, including avoidance of thoughts, feelings, or talk about the event; avoidance of activities, places, or people that are reminders of the event; inability to remember parts of the experience; decreased participation in important activities; sense of detachment from

others; inability to experience a full range of emotions; or a restricted sense of the future.

- Criterion D. The person must have a minimum of two symptoms of increased arousal, including sleep difficulties, irritability, trouble concentrating, heightened startle response, or hypervigilance.
- Criterion E. The person must have the required array of symptoms for more than 1 month.
- Criterion F. The person must be experiencing impaired functioning at school or work or in relationships.

By way of understanding the criteria to be met for P.T.S.D., one gains insight into the extent to which a person can be affected by trauma and the effects that a traumatic event or experience of trauma can have on a person's well-being (Roberts, 2009).

For purposes of this study, the researcher would like to provide an understanding of the term trauma in terms of individuals having traumatic experiences, but not necessarily as having developed a diagnosis for P.T.S.D., as this relates to the population that has been selected for the sample who do not have a diagnosis, but who suffer traumatic stress symptoms.

The American Psychiatric Association (2000) views trauma as a result of a traumatic event whereby an individual experiences, witnesses, or learns about experiences or has an experience of an event that involves actual or threatened death or serious injury or other threat to one's physical integrity whereby the individual has responded with emotional symptoms or responses.

Mitchell and Everly (1993) describe trauma as any event which attacks the psyche and breaks through the defence system with the potential to significantly disrupt one's life and, if not managed effectively, could result in personality change or physical illness.

Roberts (2009) describes trauma as a physical or psychological experience/s, outside the norm for the individual, that involves actual or threat of death, serious injury, or loss of physical integrity to which the person responds with fear, helplessness or horror.

The author will now expand on the definition of trauma and discuss the effects that trauma can have on people.

## **2.5. Describing the effects of trauma**

Individuals who are exposed to a traumatic event, including those who are on the side of the help, perceive that their own or others' physical integrity is threatened, often react with horror, fear or helplessness and there are a variety of symptoms that may be expected to follow such an experience (Robertson, 2009). Robertson (2009) describes these symptoms as emotional, cognitive, somatic and/or interpersonal.

### **2.5.1. Emotional**

This refers to the reactions as being intense and may include fear, anxiety, anger, guilt, depression, and numbing whereby many individuals may feel overwhelmed by the intensity of their emotional reactions (Robertson, 2009).

### **2.5.2. Cognitive**

Cognitive reactions include difficulty in concentrating and intrusive thoughts, as well as the individuals struggling to make sense of an experience that contradicts previous assumptions they have held regarding a sense of control, safety, trust in self and others, personal power, self-esteem and intimacy (Robertson, 2009).

### **2.5.3. Somatic**

Somatic reactions may include a disturbance in sleep, nightmares, eating difficulties, and possible bodily complaints (Robertson, 2009).

### **2.5.4. Interpersonal**

This refers to disruptions in relationships, intimate and familial, vocational impairment, and generalised social withdrawal (Robertson, 2009).

Supporting what Robertson (2009) has described, Gibson et al. (2002) explain that a common effect of a traumatic or violent experience is that it can change a person's sense of security and trust in the world and other people, as well as overwhelm their internal resources.



Research has indicated that there is a relationship between experiences of exposure to or witnessing violent and traumatic events and specific traumatic stress symptomatology (Kopel & Friedman, 1997). Certain criteria of these symptoms will meet a diagnosis for Post-Traumatic Stress Disorder (as discussed previously); however when a person who has experienced trauma and the symptoms do not meet the criteria for a full diagnosis of Post-Traumatic Stress Disorder, reference is made to symptoms of post-traumatic stress (Jones & Kagee, 2005). Mitchell and Everly (1993) describe traumatic stress as a response produced when a person is exposed to a disturbing traumatic event and it can be immediate or delayed in terms of the person presenting with symptoms.

Thus, one can begin to understand that the involvement in or knowledge of a traumatic event, may cause a variety of reactions depending on the individual and their way of being able to cope with the experience (Robertson, 2009). Hence, for this study, one can begin to appreciate that social workers, who work with traumatised clientele, may themselves develop symptoms related to trauma, thus the following section describes the term Secondary Traumatic Stress (S.T.S.).

## **2.6. Secondary traumatic stress**

The traumatic responses that social workers can develop due to their work with trauma clientele have been described in three terms; vicarious traumatization, compassion fatigue and secondary traumatic stress (Choi, 2011; Galek, et al., 2011; MacRitchie & Leibowitz, 2010; Newell & MacNeil, 2010; Ringel & Brandell, 2012).

### **2.6.1. Vicarious traumatization**

Vicarious traumatization is described as the normal cognitive and emotional changes of the trauma worker's inner experience as a result of doing therapeutic work with trauma victims, which can be disruptive or painful for the worker (MacRitchie & Leibowitz, 2010; Ringel & Brandell, 2012).

### **2.6.2. Compassion fatigue**

Compassion fatigue can be described as a natural, damaging consequence of working with traumatised clients whereby trauma workers become victims

themselves through their empathic responses to clients' trauma and in alleviating victims' pain and suffering over time (MacRitchie & Leibowitz, 2010).

### **2.6.3. Secondary Traumatic Stress (S.T.S.)**

Secondary Traumatic Stress (S.T.S.) can be understood in terms of “the natural consequent behaviours and emotions resulting from knowledge about a traumatising event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatised or suffering person” (Stamm, 1999;10).

Most of the literature considers vicarious traumatization and secondary trauma stress to be intertwined and generally the same phenomenon; hence, for purposes of this study the researcher will specifically be referring to Secondary Traumatic Stress (S.T.S.) as the blanket term when discussing the debilitating responses/occupational hazards of social workers in relation to working with their traumatised clients.

The ensuing section takes what the researcher has thus far explored and applies it to the population relevant for this study. The researcher begins with a broad link to mental health occupations that may be exposed to trauma and then the researcher refines the review to social workers.

## **2.7. Relationship between trauma and mental health occupations**

There are many occupations that put professionals at risk of being exposed to trauma, either directly or indirectly, such as emergency service personnel, police officers and mental health professionals, to name a few (Mitchell & Everly, 1993; Roberts, 2009; Stamm, 1999).

When a person is faced with having to or wanting to deal with their trauma experience/s and symptoms, they seek mental health assistance from professionals who are skilled in dealing with trauma and working with vulnerable populations (Ringel & Brandell, 2012; Spiers, 2001; Stamm, 1999). The primary goal of mental health professionals when dealing with clients who have suffered a traumatic experience or are suffering from trauma is to deal with the emotional impacts of the trauma (Ringel & Brandell, 2012; Roberts, 2009; Stamm, 1999). The mental health practitioner allows the client to express, vent and explore their emotional reactions to

the event and the aftermath of the trauma by actively listening and being able to be accepting, empathic and supportive of the client and their situation (Newell & MacNeil, 2010; Roberts, 2009).

It can be rewarding and gratifying to help traumatised people, however there can be negative effects and risks for the mental health professional (Ringel & Brandell, 2012; Stamm, 1999). Much of the research available terms this as an occupational hazard and a risk for mental health workers who are exposed to providing services to vulnerable populations (Bride, 2007; Bride, Jones & MacMaster, 2007; Choi, 2011; Galek, et al., 2011; Newell & MacNeil, 2010; Ringel & Brandell, 2012).

It is viewed as a risk or an occupational hazard for mental health workers specialising in the field of trauma because they are exposed on a day to day basis to clients' distress and are exposed to emotionally shocking images of horror and suffering, which requires the mental health worker to be supportive, create a safe space to hold the client and show empathy, which can become emotionally challenging (Bride, 2007; Choi, 2011; Galek, et al., 2011; MacRitchie & Leibowitz, 2010; Newell & MacNeil, 2010). Briere (1997) discusses that those who help the traumatized may become traumatized themselves and their reactions affect them on a psychosocial level. Hence, providing trauma-intervention services exposes mental health workers to a risk of developing traumatic responses themselves (Newell & MacNeil, 2010).

The next section focusses on the mental health care profession and the relationship to secondary traumatic stress.

## **2.8. Mental health care and secondary traumatic stress**

It is often the case that professionals in the mental health field work with clientele who have suffered some form of trauma, which has affected the clientele on a psychosocial level, hence the need for a mental health professional to provide assistance (Ringel & Brandell, 2012). A secondary trauma stress response from a mental health worker occurs because they are exposed to a victim's recount of the traumatic event, their primary stressors and their secondary stressors and due to the level of emotional involvement required from the therapist, the mental health worker

is at risk for developing secondary trauma stress symptoms similar to that of the client (Stamm, 1999).

MacRitchie and Leibowitz (2010) discuss that a key variable in the development of Secondary Traumatic Stress (S.T.S.) among trauma work personnel is the level of exposure to traumatic material, which includes previous trauma history, the severity and type of trauma dealt with and not just the exposure to the traumatic event of the client but their exposure to the clients pain, fear, rage, hopelessness and further victimisation.

Being of service in the mental health field lends itself to possibly being exposed to traumatising experiences through the interactions with clients/patients and their experiences (Gibson, et al., 2002; Mitchell & Everly, 1993). Research has indicated that mental health professionals are at risk of developing maladaptive coping mechanisms that can affect their psychosocial functioning (Carlier, Lamberts & Gersons, 1997; Mitchell & Everly, 1993). It is possible that the key characteristics that make for an effective therapist to deal with trauma victims can be the factors that enable the transmission of primary stressors to become secondary stressors and thus making one vulnerable to developing secondary traumatic stress (MacRitchie & Leibowitz, 2010).

Research has also indicated that professionals working with traumatised clients can experience secondary traumatic stress which affects their psychosocial functioning (Stamm, 1999). Hence, there is a point where psychosocial intervention becomes important to the mental health professional, in order to ensure the emotional wellness of the person, the ability of the person to perform in their job and to prevent psychological issues such as secondary traumatic stress, burnout or post-traumatic stress symptoms/disorders affecting them on a professional and personal level (Mitchell & Everly, 1993, Stamm, 1999).

A therapist who works with trauma victims should have the ability to accurately convey genuineness, positive regard and respect to their client, as well as a very important characteristic of empathy (MacRitchie & Leibowitz, 2010). MacRitchie and Leibowitz (2010) explore Figley's (1995) belief in empathy being a key personality characteristic for effective counselling and can be defined as the "ability to correctly perceive the troubles of others and as a result develop an emotional connection with

another and respond to their suffering in an emotional manner” (MacRitchie & Leibowitz, 2010, p. 151).

The researcher would like to focus the review on social workers and their relationship to secondary traumatic stress, as the study is focussed on social workers and more specifically, social workers who work in a specific field.

## **2.9. Social workers and Secondary Traumatic Stress (S.T.S.)**

Thus far, the researcher has explored the term trauma and the concept in relation to mental health workers who work with clientele who have suffered a traumatic event or experience. For purposes of this study, the researcher will be focussing on social workers who work with family violence, child welfare and sexual assault survivors.

Bride (2007) investigated the prevalence of S.T.S. in a sample of Masters'-level social workers in the U.S.A. and results indicated that social workers are likely to experience some symptoms of S.T.S. and a small amount met the diagnostic criteria for post-traumatic stress disorder due to being secondarily exposed to traumatic events through their work. Bride's (2007) research further indicated that the most frequently reported symptom was intrusive thoughts related to work with clients and the next most frequently reported symptoms were those of experiencing psychological distress or a physiological reaction in response to reminders of work with traumatised clients.

Choi (2011) discusses that social workers working with family violence and sexual assault survivors can be, emotionally, very challenging and that the social workers can experience intense emotions that go beyond work-related stress. Due to their secondary exposure to the traumatic events that clients express to therapists who work with sexual violence survivors, because of the therapists' close empathic connection to their clients, therapists are at risk of certain negative outcomes and of experiencing secondary traumatic stress (Samios, Rodzik & Abel, 2012). Research has indicated that in comparison to other therapists, therapists working with sexual violence report greater emotional exhaustion, burden and secondary traumatic stress symptoms (Samios, Rodzik & Abel, 2012).

Bride, Jones and MacMaster (2007) examined the relationship between levels of S.T.S. in child protective services and personal history of trauma, peer and administrative support, intent to remain employed in child welfare, professional experience, and size of caseload. What they found was that professionals working in child welfare are particularly at risk of developing symptoms of S.T.S. due to their daily contact with physically, sexually and emotionally abused children (Bride, et al., 2007). This finding corroborates with what Sprang, Craig and Clark (2011) describe as social workers' repeated exposure to children's traumatic experiences makes them vulnerable to work-related distress, psychological distress and affects their sense of well-being and professional effectiveness.

Having explored the term trauma and linking it to the mental health profession and making further connections to social workers and trauma, the researcher will now be exploring the term psychosocial support, the relevance to this study and an alternative psychosocial support intervention that social workers could engage with to support them with their secondary traumatic stress symptoms.

## **2.10. Psychosocial support**

There has been an increasing interest in research exploring, and being able to identify, factors that may protect therapists from the development of and impact of secondary traumatic stress (Samios, Rodzik & Abel, 2012). Literature has been exploring the role that social support has in altering the impact of negative outcomes and secondary traumatic stress (MacRitchie & Leibowitz, 2010). This section of the review will be exploring psychosocial support and the role it plays in supporting social workers with secondary traumatic stress symptoms, which specifically relates to this study.

Being exposed to high levels of secondary traumatic stress-inducing experiences, a social worker's interaction between the self and systems can lead to possible secondary traumatic stress and other possible syndromes such as burnout (Galek, et al., 2011; Kaminer & Eagle, 2010). Newell and MacNeil (2010) discuss factors that contribute to professional burnout and secondary traumatic stress as occurring at the individual, organisational, and/or client levels and these factors relate to the

emotional expectations of the social worker, such as the requirements to repress or display emotions routinely, as well as the constant use of empathy (MacRitchie & Leibowitz, 2010). Hence, the importance of exploring different options available to social workers to aid towards reducing their levels of stress and providing opportunities to deal with secondary traumatic stress symptoms.

### **2.11. Importance of psychosocial support for social workers**

Due to the nature of occupational stress and secondary traumatic stress symptoms that social workers can experience, one needs to consider how they are managing and coping within the organisation as well as on an individual level (Ringel & Brandell, 2012; Spiers, 2001; Stamm, 1999).

The term coping refers to a person constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person (Lazarus & Folkman, 1984) (as cited in Dehn, 2010). Patterson (2003) states that social support protects workers from the negative effects of work stress by having a direct effect on psychosocial well-being and that the more social support available to the workers, the fewer negative effects of the work stress on their well-being.

#### **2.11.1. Organisational support**

Organisational support is a term that explores the general work environment and structure that can aid towards providing support for the social worker and improve and enhance their job performance (Choi, 2011). Research has indicated that the level of organisational support available to social workers can impact on their secondary traumatic stress experiences, such as the availability and quality of supervision, which can either improve or negatively impact the social workers' experience (Choi, 2011; Newell & MacNeil, 2010). This is directly linked to the social workers systems described within Dynamic Systems Theory, whereby the social resources available for the social worker will impact their level of risk to their resilience and coping with stress (Keenan, 2010; Lewis, 2000).

Other research has demonstrated that organisational interventions to prevent secondary traumatic stress should generate positive coping approaches, such as effective supervision and interventions which provide a 'safety net' for workers to be supported by (Sprang, Craig & Clark, 2011). Hence, it is important to explore the concept of supervision, as it is an aspect of the organisational support that social workers' should receive and it has an impact on their individual and personal level of coping and functioning within their profession.

#### **2.11.2. Supervision as a support for the individual**

Providing effective supervision is a vital aspect of service delivery in social service organisations (Barak, et al., 2009). Effective supervision can serve as a safeguard against stressors and challenges and offer emotional and social support to help guide workers toward a more positive working experience (Barak, et al., 2009).

Choi (2011) discusses the importance of supervision where social workers can openly discuss their reactions and emotions and work towards understanding their experiences and their reactions, whereby their personal and professional lives are validated and understood in terms of their reactions. Research has indicated that the supervisory dimensions of task assistance, social and emotional support, and supervisory interpersonal interaction significantly impact the outcomes for workers, hence with a lack of supervisory dimensions, the worker outcomes are negatively affected (Barak, et al., 2009).

#### **2.11.3. Peer support**

The researcher also discovered that peer support forms an important aspect of a social workers' capacity to cope with dealing with their clientele who have suffered from traumatic experiences and the distressing effects it has on the social workers (Galek, et al., 2011; Stamm, 1999).

Taking Bride, Jones and MacMaster's (2007) research of investigating the relationship between the levels of secondary traumatic stress in child protection workers and certain factors into consideration, the findings of this research suggest that by cultivating opportunities for peer support, individual workers may be able to normalise their experiences of secondary trauma, and importantly it was peer



support that was found to be more significant for the workers in terms of satisfying their needs in terms of being able to deal with their secondary trauma.

Other research has upheld the concept of good peer support for facilitating debriefing and supportive roles and reducing secondary traumatic stress as an integral part of the effectiveness of social workers (Chiller & Crisp, 2012). Chiller and Crisp (2012) found that the support and informal relationship that workers receive from their colleagues is supportive and serves as a protective factor in dealing with their work stressors and challenges and in reducing their levels of work related stress and traumatic experiences of working with their clientele.

Psychosocial support on an organisational level and an individual level for social workers working in the field of trauma can be utilised as a preventative and a support tool to aid toward the prevention and treatment of secondary traumatic stress and burnout (Bride, 2007; Chiller & Crisp, 2012; Ringel & Brandell, 2012). Preventive measures could be viewed as the social worker being able to participate in professional and individual self-care, whereby he or she is able to make use of skills and resources available to maintain and improve themselves on a professional level and an individual level (Newell & MacNeil, 2010).

It becomes important for organisations to take steps towards prevention and the treatment of secondary traumatic stress of social workers (Choi, 2011). Though there may be difficulties experienced in most interventions, it is important for organisations to explore the possibilities that are available to their workers in order to provide adequate psychosocial support for their workers. Koeske and Koeske (1991) (as cited in Patterson, 2003) suggest that results of studies show that social support using emotion-focussed programmes have beneficial effects on psychosocial well-being by reducing distress.

The next section explores an alternative psychosocial intervention that is based on Animal-Assisted therapy and encompasses the inclusion of horses in a modality of support and healing.

## **2.12. Exploring an Alternative Psychosocial Intervention - Animal Assisted Therapy**

It has been widely recognised that animals have a positive influence on human functioning and over the years the concept of working with animals has been refined and there have been specific methodologies that have been developed to assist humans in coping with psychological stressors (Nimer & Lundahl, 2007). Animal assisted therapy describes the intentional inclusion of an animal in a treatment plan to facilitate healing and is used to enhance traditional treatments such as occupational therapy, speech therapy, physical rehabilitation, or even psychotherapy (McCardle, et al., 2011).

The use of an animal in therapy is beneficial because animals seem to have a natural tendency to create a bond with people and promote a warm and safe environment where clients can accept interventions offered by the treatment provider (Nimer & Lundahl, 2007). Leimer (1997) (as cited in Russell-Martin, 2006) discusses that animals can be direct and honest in exchanges, which is non-threatening and non-verbal, whereas humans confuse and change the rules of social interactions through verbal communication.

Animal assisted therapy is experiential in nature whereby clients are placed in a therapeutic environment that is engaging and where creative thinking, communication and team efforts are desired outcomes (Myers, 2006). Experiential therapy programmes are based on behavioural models and employ active learning techniques, such as cognitive behavioural therapy, systems therapy, reality therapy and gestalt therapy (Myers, 2006). Experiential therapy is a positive growth experience where clients are engaged with exercises that are designed to be therapeutic and metaphorical in nature (Myers, 2006). It is based on the belief that clients begin to change naturally when they are removed from environments that are negative and which trigger the stressors that produce self-defeating, reckless and self-destructive behaviour (Myers, 2006).

The desired outcomes of the experiential therapy are for clients to strengthen communication skills, come to terms with their problems, help each other, discover their true feelings and develop realistic hopes and develop new skills to cope with

their stressors and secondary traumatic stress symptoms (Myers, 2006). These outcomes enable clients to become more assertive and address their feelings instead of hiding them and to ask for help and develop more trust in the process and themselves to deal with their stressors (Myers, 2006). This approach is an action-based, interactive methodology that enables a non-threatening and empowering environment for clients to address their problem areas (Myers, 2006).

Hence, one can begin to get an understanding of how the use of animals to help social workers who are dealing with secondary traumatic stress symptoms is of interest to the researcher, as she would like to explore how the social workers perceive their experience of an Equine Assisted Therapy (E.A.T.) session and working with horses as to whether it helped improve their Secondary Traumatic Stress symptoms. This research study will specifically be focussing on an animal assisted therapy that is called Equine Assisted Therapy (E.A.T.), which makes use of horses in the modality to help people.

### **2.13. Equine Assisted Therapy (E.A.T.) as a psychosocial support**

Equine Assisted Therapy (E.A.T.) is a growing modality that is being used worldwide for an increasing population of people who are in need of mental health services (E.A.G.A.L.A., 2012). In 1999, in the United States of America, the Equine Assisted Growth And Learning Association (E.A.G.A.L.A.) was formed as a non-profit professional association with the mission to professionalise and validate the field of E.A.T. and is a leader of knowledge and direct practice in this field and therefore is used as a main resource regarding the remainder of the literature review (E.A.G.A.L.A., 2012).

E.A.T. is a form of therapy that makes use of horses in the model whereby clients interact with horses on an emotional and metaphorical level that empowers clients to experience emotional and behavioural change and growth (E.A.G.A.L.A., 2012). It is a collaborative effort between a registered therapist and a horse professional who work with clients and horses towards achieving the primary goal of generating positive engagement with clients utilizing an experiential and animal-based treatment modality (E.A.G.A.L.A., 2012; Shultz, Remick-Barlow & Robbins, 2007).

The researcher will now explore E.A.T. more in-depth in an attempt to provide further insight and understanding towards the process of the therapy and the relevance of the therapy to this study.

#### **2.14. Process of Equine Assisted Therapy (E.A.T.)**

There are several schools of thought surrounding the conducting of an E.A.T. process, however the researcher is focussing on the methodology that is based on the Equine Assisted Growth And Learning Association's (E.A.G.A.L.A.) solution-oriented approach, which is a 'hands-on' approach and enables the clients to participate in therapy within the animal's environment and does not include horse riding, but rather focusses on ground-based activities (Ewing et al., 2007; Frewin & Gardiner, 2005). This approach encompasses a belief that clients have their own answers and know what is best for themselves and that the clients have the capability to overcome their struggles and find new solutions through an empowering approach using horses (E.A.G.A.L.A., 2012).

E.A.T. is a therapeutic process that occurs with treatment goals for clients and is based on a process over time serving toward the client achieving their goals; however it is important to note that there is also a process that occurs within each session of E.A.T. involving the aspects of the model (E.A.G.A.L.A., 2012). The following section of this review of E.A.T. explores the various aspects of the E.A.T. process as a whole as well as being mindful of the impact each aspect has within each session. For purposes of this study, the researcher is exploring what the experience of a once off session of Equine Assisted Therapy (E.A.T.) could provide for social workers in terms of their Secondary Traumatic Stress symptoms and, through this initial experience of an E.A.T. session, gain some insight into what E.A.T. could provide as a longer term process.

Individuals are often unaware of their behaviour or struggle to admit their feelings let alone express these feelings and find ways to cope with them (Frewin & Gardiner, 2005). In the process of E.A.T., individuals learn about themselves and others by participating in activities with the horses and then process (discuss) their thoughts,

beliefs, behaviours and patterns, which enables them to gain insight through these experiences with the horses and activities (E.A.G.A.L.A., 2012; Schultz et al., 2007).

Equine Assisted Therapy (E.A.T.) allows clients, through the way in which the horse reflects behaviours back to them, to identify and express behaviours and feelings that they may not have been aware of or that they may have been aware of but were not able to express (E.A.G.A.L.A., 2012; Frewin & Gardiner, 2005; Shultz et al., 2007). For example, a person might attend an E.A.T. session and have the intention to work on their anger toward their spouse, but when in the arena and while completing the activity, the individual becomes irritated and angered by a horse and subsequently calls the horse her father, as the horse reminds her the most of her father, and suddenly the individual is aware of the anger they are holding toward their father (E.A.G.A.L.A., 2012).

The researcher will explore the various aspects of the process of Equine Assisted Therapy (E.A.T.), namely the role of the horse, the role of the therapist, the use of activities and the significance of the metaphors in the process.

#### **2.14.1. The role of the horse**

Horses are like humans in that they are social animals and have defined roles in their herds, as well as different attitudes, personalities and moods and they deal with problems on a behavioural level, which in turn creates a space for using metaphors as an effective technique to challenge problems in human behaviours (E.A.G.A.L.A., 2012). Social norms and functions are demonstrated across the varying aspects of both the horse and human world, such as family dynamics, and a disruption in this can lead to possible dysfunction and a need for intervention (Russell-Martin, 2006).

Frewin and Gardiner (2005) discuss that the horse responds to the immediacy of the intent and behaviour of the client without assumption and criticism which allows for a non-judgemental process that empowers clients to face their feelings and make changes. The horses communicate through body language and have no ulterior motives for needing to sort out the dysfunction whereas humans, through verbal interactions, can deny the dysfunctions (E.A.G.A.L.A., 2012). Therefore, by allowing humans to interact with the horses and visually see how there is actual dysfunction

through the body language the horses are displaying back to them, there is a powerful metaphor and behaviour change is encouraged within the human (Frewin & Gardiner, 2005; Russell-Martin, 2006).

The role of a horse in an E.A.T. session is to reflect and play a symbolic role in the individual's experience in the session (E.A.G.A.L.A., 2012). Horses are sensitive to non-verbal communication and respond to messages that clients have given them in the moment, which in turn feels familiar for the client in terms of the reaction given by the horse and the client then visually sees the reaction (E.A.G.A.L.A., 2012). To illustrate this point, the researcher will continue with the previous example of the client with the anger issue, whereby the client communicated to the horse in some way and the horse responded in a way that reminded the client of her father, thus, the horse has become a real symbol of a relationship. The horse will change its reaction to the client when the client decides to make a change to their communication to the horse (E.A.G.A.L.A., 2012). Hence, by engaging with the horse in the process, it allows an opportunity for the client to work through how to change aspects of their lives in an experiential, in-the moment and emotionally safe method (E.A.G.A.L.A., 2012).

#### **2.14.2. Role of the therapist**

The Equine Assisted Growth and Learning Association (E.A.G.A.L.A.) makes use of a team approach with a qualified mental health professional and an equine specialist who work as co-facilitators within the Equine Assisted Therapy (E.A.T.) session (E.A.G.A.L.A., 2012).

The mental health professional is responsible for ensuring interventions relate to the treatment plan, monitoring progress and the processing with the client on a deeper, emotional level (E.A.G.A.L.A., 2012). The mental health facilitator is there to engage with the client on a therapeutic level, however this process is not talk therapy; rather it is the unique aspect of the interaction with the horses that provides the mental health facilitator the opportunity to engage with a client on a deeper, emotional level (E.A.G.A.L.A., 2012). Hence, the focus on the horse during the process is invaluable to understanding the client and thus, why an equine specialist is required to co-facilitate (E.A.G.A.L.A., 2012).

The equine specialist helps in creating the horse-assisted activities to help meet the treatment goals, to observe the horses behaviours at all times and helps to keep the focus of the session on the horses (E.A.G.A.L.A., 2012). The equine specialist is more focused on physical safety aspects and nonverbal communication from the horses, whereby the mental health facilitator and equine facilitator continually communicate through the session in terms of their observations of both the horses and the client (E.A.G.A.L.A., 2012).

Thus, one can begin to comprehend the team approach and the power of having both professionals in the arena with the client and horses to provide an encompassing and enriching experience of the E.A.T. process for the client (E.A.G.A.L.A., 2012). Ultimately, each professional role has its own responsibilities, however, ideally working together and processing the nonverbal observations and taking these to a deeper level for the client provides an empowering experience (E.A.G.A.L.A., 2012).

#### **2.14.3. The use of activities**

The activities that clients participate in are designed to address clients' needs through the use of metaphors which are related to the clients' systems of functioning and it teaches choice instead of directing it, and develops experiential resources from within (E.A.G.A.L.A., 2012). Clients are engaged intellectually, emotionally, socially and physically, whereby results are personally experienced by clients and opportunities are nurtured, explored and reflected upon according to personal values and systems (EAGALA, 2012). For example, a client may be asked to get a horse to go over an obstacle that they have labelled as their challenge in life and when the client brings the horse to that obstacle it stops and stands still, to which the client says to the facilitators that this horse is just like her when she gets to a challenge, she stares at it and doesn't do anything about it (E.A.G.A.L.A., 2012). When the client is ready to make the change, perhaps they make the obstacle lower, the horse then changes and goes over the obstacle, thereby mirroring the client's willingness to make a change (E.A.G.A.L.A., 2012).

#### **2.14.4. The significance of the metaphors**

The Equine Assisted Growth And Learning Association (E.A.G.A.L.A., 2012) terms the word metaphor as one thing considered as representing another, which includes symbols and different objects or elements that make up the metaphor. For example, in an activity of an Equine Assisted Therapy (E.A.T.) session, a client is asked to label the horse which is causing the most irritation to them, the label that the client gives to that horse has become a metaphor, the horse representing something else relevant to the client, such as the client labels the horse 'mother' and immediately the facilitator's are aware of the client's mother causing irritation to them and they can explore this further with the client (E.A.G.A.L.A., 2012).

Metaphors are effective for creating change in aspects of individuals' lives by allowing the individual to make connections of their experiences with metaphors to their real life (E.A.G.A.L.A., 2012). In the process of E.A.T., potential metaphors can stem from parallels between the horses and everything else in the arena being used as a symbol for something else and by focussing on metaphors; it provides a symbolic and strengthening process for a client, which works towards an experiential learning process (E.A.G.A.L.A., 2012). Linking the previous two examples, the client has labelled the irritating horse as their mother and they cannot get the horse over an obstacle that they have labelled relationships, by exploring this with the facilitator's, the client might realise that by lowering the obstacle i.e. making a change to their relationships and by approaching the horse differently i.e. making a change to how they treat their mother, the horse goes over the obstacle and therefore the client can apply this to their life and try to make changes in their relationship with their mother (E.A.G.A.L.A., 2012).

Having described the process of E.A.T. in more detail, the researcher will now explore the relevance of this process to social workers who suffer from secondary traumatic symptoms.



### **2.15. Exploring Equine Assisted Therapy (E.A.T.) as a psychosocial support for social workers**

There has been an increased interest in demonstrating the efficacy of animal-assisted therapy through research due to the use of the therapy becoming more widely used around the world (Nimer & Lundahl, 2007). It has become useful to investigate the therapeutic effect animals have in alleviating mental and medical difficulties whereby the deliberate inclusion of an animal in a treatment plan has positive psychological and psychosocial effects for clients (Nimer & Lundahl, 2007). There have been studies that have shown the efficacy of Equine Assisted Therapy (E.A.T.), however the studies have highlighted that further exploration is required to promote E.A.T. as an effective modality (Russell-Martin, 2006).

Research has also indicated that animal-assisted therapy is associated with improvements in physiological health, psychosocial functioning, social interactions, happiness and a healing process where medical well-being and positive effects on behaviour were observed (Nimer & Lundahl, 2007). There is little research that has been done in South Africa regarding the effectiveness of E.A.T.; therefore this study would provide new information within a South African context. E.A.T. could be a viable alternative for a therapeutic method and could provide the necessary support for clients and professionals alike (Nilson, 2004).

The modality of using horses as a therapeutic tool is designed to address self-esteem, personal confidence, communication and interpersonal effectiveness, trust, boundaries, limit setting and group cohesion to name a few (Schultz, Remick-Barlow & Robbins, 2006). By being able to address these aspects of personal and professional factors, social workers could work on their internal and external processes in terms of understanding their experiences and secondary traumatic stress symptoms. The social workers could then work through their reactions and further develop their coping strategies. The modality provides the opportunity for individuals to experience their struggles in a non-threatening environment as often individuals are unaware of their symptoms or reactions (Schultz, Remick-Barlow & Robbins, 2006). E.A.T. could aid toward them understanding their symptoms and reactions through the supportive way the process reflects these back to the social workers and through the opportunity presented through the process to identify and express feelings (Schultz, Remick-Barlow & Robbins, 2006).

The study would also benefit social workers with regards to providing further information on a possible intervention to aid them in coping with secondary traumatic stress symptoms due to the occupational stressors they are exposed to. Therefore, the researcher has structured her research around exploring how social workers, with a possible history of secondary traumatic symptoms who would have experienced an Equine Assisted Therapy session, perceive this experience and whether it benefits them on a psychosocial and supportive level and whether it could be an alternative support resource.

## **2.16. Conclusion**

This literature review has provided relevant literature surrounding the topic of this research project. The chapter described a rationale for the study and then explored several theoretical frameworks that link to the topic. A more in-depth look of the topic in terms of the relevant literature was broken down into sections whereby the researcher reviewed trauma, the relationship between trauma and the mental health profession, mental health care and secondary traumatic stress and social work and secondary traumatic stress. Subsequent to these sections, the researcher then considered the literature around psychosocial support, the importance of psychosocial support for social workers, animal assisted therapy as a psychosocial support and more specifically, Equine Assisted Therapy (E.A.T.) as an alternative psychosocial support. Having compiled a review of the relevant literature, the following chapter will describe the research methodology utilised for this study.

## **Chapter Three**

### **Methodology**

#### **3.1. Introduction**

The following chapter discusses the methodology that was utilised for this research project whereby the research methodology, the research design, the population, sampling and data collection procedures are discussed. In addition, the data analysis, data verification and the limitations of the study have been discussed and the chapter ends off with a conclusion.

#### **3.2. Research methodology**

The researcher for this study makes use of a qualitative paradigm which is interpretive in nature and aims to understand the meaning that people attach to everyday life (Babbie & Mouton, 2010; De Vos et al, 2002). The qualitative paradigm provides the researcher with a comprehensive perspective by going directly to the social phenomenon under study and observing it in order to develop a deeper understanding (Rubin & Babbie, 2008). The qualitative paradigm is appropriate to topics where the attitudes and behaviours being studied are within their natural setting (Rubin & Babbie, 2008).

The qualitative paradigm allows for research that produces participant accounts of meaning, experience or perceptions whereby the data is descriptive and identifies the participant's beliefs and values concerned with the topic of research (De Vos, et al., 2002). Hence, this paradigm is appropriate for this study as the researcher is exploring the perceptions of the participants surrounding the chosen topic.

#### **3.3. Research design**

This research study is explorative in design, as it engages into a subject of study that is relatively new and unstudied and seeks to gain perspective of the chosen topic

(De Vos, et al., 2002; Rubin & Babbie, 2008). It allows for a flexible approach that is unique and evolves throughout the research process (De Vos, et al., 2002). The data sources are determined by the information whereby observations are modified to enrich understanding (De Vos, et al., 2002). The method of analysis is holistic and concentrates on the relationships between the contexts and elements within the study (De Vos, et al., 2002).

From this explanation of the explorative design, one can appreciate the relevance to this study, as the researcher works towards gaining the perspective and understanding of each of the participants in relation to the chosen topic of study and in so doing, develops insight regarding the topic of study.

### **3.4. Population**

The population of a study refers to potential subjects who possess the attributes in which the researcher is interested and thus sets boundaries within the study whereby the specific characteristics of individuals constitute the researcher's reasons for involving their participation in the study (De Vos, et al., 2002). The term population denotes an entity, a total set of individuals with specific characteristics, and research can either focus on the entire population, which would require all individuals qualifying in that population to be involved in the study or the research can focus on a group of individuals of the whole population (De Vos, et al., 2002).

For this study, the researcher selected a group of participants from the population of social workers that work in the field of family violence, child welfare and sexual assault and who work in Non-Governmental Organisations and who are exposed to working with clientele who have suffered or are suffering from trauma. The participants that volunteered for the study were from two different organisations whereby 8 of the participants were from one organisation and the other 8 participants were from the second organisation. The participants from each organisation do not involve the total staff count of each organisation and are therefore a sample from each organisation.

### **3.5. Ethics Approval**

The researcher submitted the research proposal to the University of Cape Town (U.C.T.) for ethics approval and the U.C.T. ethics committee granted ethics clearance for the research study.

### **3.6. Sampling methodology**

Having described the population for this study, the researcher then needs to explain how the specific elements of the population were considered for inclusion of the study. The sample is understood to be a subset of the population of interest for the study and the sample is studied in an effort to understand the selected population (De Vos, et al., 2002).

#### **3.6.1. Non probability sampling**

Non-probability sampling is a method of sampling that is not random, participants are selected (Babbie & Mouton, 2010; De Vos, et al., 2002). It allows for a process of constant comparison between the individuals being studied which is essential for the researcher in her pursuit of understanding all aspects of the research topic (De Vos, et al., 2002).

Non-probability sampling was utilised for this study to enable the researcher to seek participants where the specific processes being studied most likely to occurred (De Vos, et al., 2002). Hence, participants for this study were selected because of the specific field of trauma that they work in and the clientele that they work with.

#### **3.6.2. Purposive sampling**

Purposive sampling stipulates that the researcher must think critically about the parameters of the population and choose the sample accordingly where clear identification and formulation of criteria for the selection of respondents are considered (De Vos, et al., 2002). A purposive sampling method was utilised, as it enabled the researcher to choose a particular group of participant's that illustrate some feature or process that is of interest to the study (De Vos, et al., 2002). Purposive sampling enabled the researcher to select a subset of the whole

population based on her judgment and the purpose of the study within the nature of the research aims (Babbie & Mouton, 2010).

For this study, the researcher required that the participants from the organisation should satisfy certain criteria necessary for the research project, i.e. that they are social worker's, that they have a possible history of work-related trauma symptoms or experiences, and that the participants work or have worked with clientele that have suffered or are suffering trauma. The researcher also required that the participants are able to speak English and that they are willing to volunteer their time for the project. 16 participants that fit the criteria for this research project were selected. The number of participants selected was guided by the requirements of the University of Cape Town requiring a sample size of between 15 and 20 participants to be used for the completion of a minor dissertation.

### **3.7. Data collection methodology**

The methodology and design of the research project influences the data collection methodology, hence for purposes of this study, the data collection methodology was adjusted to qualitative methods.

#### **3.7.1. Data collection method**

The data collection method used for this research was in-depth, one-to-one interviews that enabled the researcher to gain detailed information relating to the participant's perceptions and accounts of the topic (De Vos, et al., 2002). This method allowed the researcher and participant flexibility whereby the researcher explored particular avenues that emerged in the interview and provided the participant a fuller picture of the topic (De Vos, et al., 2002). It allowed both the researcher and the participant to seek clarification during the process and enabled an interactive process, which the researcher required for this study as she was seeking to gain perspective on the chosen topic from the view point of the participants.

### **3.7.2. Data collection instrument**

The data collection instrument being used in this research was a semi-structured interview where the researcher has a set of predetermined questions on an interview schedule that guided the interview and did not dictate the interview (De Vos, et al., 2002). In this regard, the participant is viewed as the expert on the subject and is allowed the opportunity to explore their perception as the questions are open ended (De Vos, et al., 2002). The questions on the interview schedule were related to the area of interest for the study and enabled the researcher to explore the topic with the participants (De Vos, et al., 2002).

The chosen instrument for data collection was appropriate for this study as the researcher was aiming to gain the perceptions of the participants and allowed the participants the opportunity to explain their responses and clarify their meaning surrounding the chosen topic.

### **3.7.3. Data collection tools**

The tools used for the semi-structured interview were an interview schedule and a digital voice recording device to facilitate enhanced interaction and reflection, as they enabled the researcher to focus on what is being said by the participant (De Vos, et al., 2002). Field notes, consisting of the researcher's observations, impressions and interpretations, were utilised to record relevant information that aided the researcher in exploring the process of the interview (De Vos, et al., 2002). The use of the recording device enabled the researcher to create verbatim records of the interviews, which became a crucial part of the coding process for the data analysis (Rubin & Babbie, 2005).

### **3.7.4. Pilot study**

An important part of the research process should take the form of a pilot study which serves to orientate the researcher toward the field of research, to aid in the formulation of the research problem, to aid in the planning for the research and to help determine the range of the investigation (De Vos, et al., 2002). The pilot study functions as a test for the main research project whereby the researcher inspects various aspects of the main project on a small scale and there is no intention to analyse or make use of the findings (De Vos, et al., 2002).

The researcher for this study conducted a pilot study whereby she explored the framework of the research, she investigated the population and enquired about the availability and willingness of possible participants in the selected population and she tested aspects of the data collection methodology. As a result of the pilot study, the researcher changed the structure and ordering of questions in the interview schedule and determined the availability and willingness of participants to fit the requirements for the research.

### **3.8. Data verification**

Babbie and Mouton (2010) describe the importance of a researcher being able to enhance the trustworthiness of the qualitative research data and process. A model enhancing qualitative soundness suggested by Lincoln and Guba (1985) as cited in Babbie and Mouton (2010) term the following four components, namely; credibility, transferability, confirmability, and dependability, which are described subsequently.

#### **3.8.1. Credibility**

Credibility is described as the component comprising whether the researcher accurately describes and captures the participants' thoughts and opinions in the research study (Babbie & Mouton, 2010). In this study, the researcher ensured credibility through the practice of referential adequacy by making use of a digital recording device to document the findings. Throughout the interview process, the researcher confirmed her understanding of the responses from the participants by paraphrasing and allowing participants to clarify and correct any misconceptions the researcher might have made.

#### **3.8.2. Transferability**

The term transferability refers to whether the research findings can be replicated either in other contexts or with different participants used (Babbie & Mouton, 2010). Due to this research design being qualitative in nature, the researcher makes use of in-depth and specific data that is collected from a purposive sample and that is reported adequately so that the reader is able to make their own judgements.



### **3.8.3. Confirmability**

Babbie and Mouton (2010) relate confirmability to the degree to which the focus of the research study has been answered through the reporting of the responses to the research questions, instead of researcher bias influencing the results reported. The researcher in this study ensured confirmability by keeping all relevant documentation in relation to raw data such as voice recordings, documents, analysis products and instrument development information whereby if it is deemed necessary, a third party may review the information. In addition, when verifying data, the researcher made sure not to give in to selectivity of data due to bias, instead reported on all significant data regardless of the researcher's beliefs.

### **3.8.4. Dependability**

According to Babbie and Mouton (2010), dependability refers to whether the research results will be able to be replicated if the study were conducted in a similar context and with similar participants. Dependability is linked to the previous three terms and as long as trustworthiness has been established within those three realms and the researcher's credibility is sound then the study will be dependable.

## **3.9. Data analysis**

For purposes of this study, the framework for data analysis that was used was Tesch's Model (1990; as cited in De Vos, et al., 2002). This framework required the interviews to be transcribed verbatim and a process of coding applied (De Vos, et al., 2002). Coding is a method the researcher used whereby data is broken down, conceptualised and put back together in new ways (De Vos, et al., 2002). It is a key method for the analysis of qualitative social research that classifies and conceptualises individual pieces of data (Rubin & Babbie, 2005). An open coding approach was utilised for this research project, which aimed to specifically name and categorise phenomena through a close examination of the data (De Vos, et al., 2002). The data was broken down into discrete parts, examined, compared for similarities and differences, recurring themes, and questions were explored about the phenomena as reflected from the data (De Vos, et al., 2002). This enabled the researcher to discover patterns and explore the data (Rubin & Babbie, 2005). The

researcher made use of the recurring themes and explorative data collected from the analysis and applied these according to the research objectives within the discussion section of this research.

The data analysis process that was utilised for this research project was broken down into the following nine steps as an adaptation of Tesch's Model (1990; as cited in De Vos, et al., 2002):

1. Using this framework, the researcher will firstly read through the transcriptions of the interviews.
2. Thereafter, the researcher will use the research objectives as the main themes and seek to understand the respondents' communication in relation to these.
3. As the researcher reads through the transcripts, she will code the data by making labels and notes in the margins, capturing the meaning of the respondents' experiences.
4. Then the researcher will make use of various colours to highlight those labels which are linked, while using separate colours for different categories within a theme.
5. This will be done for all themes, and the researcher will then re-read the transcriptions and re-label data if necessary, always considering the research objectives.
6. Once step five is complete, the researcher will have various groupings of categories under specific themes which reflect and relate to the research objectives.
7. The framework is then refined, by grouping similar labels and data together, resulting in exclusive themes with subsequent categories which are more manageable, understandable and sound.
8. The researcher will then use this refined framework for analysis to write up the research report and discuss the themes and categories found and will use actual quotes taken from the transcriptions to enhance the explanations of the themes and categories.

9. Finally, in order to advance the meaning of the data yielded, the researcher will link all important sections in relation to each theme with other pertinent and relevant research found in the literature review.

### **3.10. Limitations of the study**

According to De Vos, et al. (2002), all research studies have limitations and it is important for the researcher to be aware of and acknowledge the limitations and clearly state them. The researcher will discuss the limitations of this study through the research methodology, the research design, the sampling methodology and the data collection and analysis methodologies, as well as the researcher's bias and the alternative intervention explored.

#### **3.10.1. Research methodology**

The qualitative research paradigm has limitations as there are no fixed steps to be followed, which makes replication of the design difficult and in turn means that no generalisations can be made (De Vos, et al., 2002). The qualitative paradigm is also focussed on the subjective experiences of individuals whereby they are describing their understanding and interpretations and thus they cannot explain causality, which means that data cannot be generalised (Babbie & Mouton, 2010; De Vos, et al., 2002). In addition, one should consider that the researcher is directly involved as a part of the tool in the qualitative approach and is involved in the setting and interacts with the people, which results in the researcher's own perspective having influence on how events and interpretations might have come about (De Vos, et al., 2002).

#### **3.10.2. Research design**

Similarly to the qualitative paradigm, the research design is unable to provide generalisable findings, as the exploratory nature of the study can be characterised as brief and viewed as the possible preliminary stage of a larger research project (Babbie & Mouton, 2010; De Vos, et al., 2002). The researcher is discovering data surrounding a relatively new topic of study and thus still gaining perspective on the topic instead of being able to provide quantifiable data and findings (Babbie & Mouton, 2010).

### **3.10.3. Sampling methodology**

Non-probability sampling within the qualitative method uses a sample on a small scale, which affects the generalizability of the sample to the population from which it was drawn (De Vos, et al., 2002). Furthermore, the purposive sampling limits the generalisations that can be made due to the population involved in the study as being limited to the researcher's requirements and on a small scale (De Vos, et al., 2002).

Another possible limitation for this study could be the method that the participants were found through the organisation, hence, going through management to organise the volunteers could have created a sense of distrust between the participants and the researcher. The researcher is also aware that the level of experience of the participants in the social work and specifically the work with trauma clientele was low and this could have impacted their opinions and responses to questions.

### **3.10.4. Data collection methodology**

By engaging the participants through one on one interviews, the presence of the researcher could influence the participants to give favourable responses and could negatively affect the data collected, by the participants feeling nervous or possibly judged and pressured to answer the questions in a correct manner (Babbie & Mouton, 2010; De Vos, et al., 2002). The data collection tool could also create anxiety amongst the participants and they may not feel completely comfortable to freely share information (De Vos, et al., 2002). Thus, the researcher finds it of great importance to be able to conduct the interviews with the appropriate skills, to create a safe space and encourage participants in a professional manner, so as to collect rich data from the participants.

### **3.10.5. Data analysis methodology**

The researcher has had one previous experience of conducting research and thus her novice level of understanding the data analysis process may have had an impact on the data collected and the process of analysis (Babbie & Mouton, 2010). Hence, the researcher made use of the framework for data analysis and communicated consistently with her university supervisor to ensure skilled guidance through the process (Babbie & Mouton, 2010).

#### **3.10.6. Researcher's bias**

Researcher bias is possible as the researcher has a keen interest in the intervention that is being explored. The researcher has a particular passion for the alternative intervention explored in the study and this could impact how the research is portrayed in the results and the researcher could have possible bias in terms of the data coding when exploring for themes and patterns.

#### **3.10.7. Alternative intervention**

There is a limitation with regards to the literary exploration of Equine Assisted Therapy, as there is a lack of research on this modality and so the comparative and academic information is limited and may have an impact on the connections made within the results. The researcher feels that the participant's experience of one session of Equine Assisted Therapy (E.A.T.) could impact the study in terms of not allowing the participants sufficient experience to respond to the research questions and provide reliable data that would be appropriate for generalisations, hence one needs to consider this when reading through the results. The researcher is also aware that the participant's responses to the research questions may not reflect appropriate responses, as the participants were possibly feeling good about the experience because they were able to get out of the office, have a new experience and thus provide positive feedback to the researcher.

### **3.11. Conclusion**

In this chapter, the methodology used for this research project has been discussed with reference to the research methodology, the research design, the population, the sampling methodology, and the data collection procedures. Following on from that, the data analysis, data verification and the limitations of the study were discussed. The next chapter will present the findings of the data and a discussion around the findings will be presented by way of the researcher exploring participant's responses, adding critical commentary that is linked to the literature reviewed in chapter two.

## **Chapter Four**

### **Presentation and Discussion of Findings**

#### **4.1 Introduction**

In this chapter, the researcher will present a discussion of findings from the exploratory research conducted for this research project. The demographic information of the participants will be tabulated followed by a framework of analysis which presents the themes that emerged from the research conducted and the categories that are relevant to each theme. The discussion will present the categories in each theme with indications of the participant's responses, including quotes from transcripts, and whether the information found is supported or contradicted by the relevant sources of literature.

This research project had the topic of **“An explorative study of the perceptions of social workers who are exposed to work-related, secondary traumatic experiences through their clientele, of the psychosocial support Equine Assisted Therapy (E.A.T.) could provide”**. The research objectives of this explorative study being:

- To ascertain whether E.A.T. could assist social workers in improving their secondary trauma and stress symptoms.
- To explore the perceptions of social workers, as to whether E.A.T. could provide emotional support relating to their history of work-related trauma and/or secondary traumatic stress symptoms.
- To investigate which aspects of the E.A.T. process particularly assisted the social workers in addressing their work-related traumatic experiences.
- To investigate the possible effectiveness of E.A.T. for social workers in addressing their past work-related traumatic experiences.
- To explore the perceptions of social workers, with possible secondary traumatic stress, as to how E.A.T. compares to other support available to them.

## 4.2 Demographics of Participant's

**4.2.1 Table 1 - Table of demographics of participant's**

Participant	Gender	Age (yrs)	Home Language	Working as a mental health professional	Years practising as a mental health professional	Attending/ed psychosocial support?
1	Female	25	Afrikaans/English	Yes	3	Yes
2	Female	50	Afrikaans/English	Yes	25	Previously
3	Female	29	English/Xhosa	Yes	2	Yes
4	Female	30	English	Yes	7	Previously
5	Female	50	English	Yes	7	Previously
6	Female	31	Afrikaans	Yes	7	Yes
7	Female	39	Afrikaans	Yes	1 ½	Yes
8	Female	30	English	Yes	8	Yes
9	Female	32	Afrikaans	Yes	8	Yes
10	Female	38	Afrikaans	Yes	1	No
11	Female	42	Xhosa	Yes	4	Yes
12	Female	46	Xhosa	Yes	5	Yes
13	Female	45	Afrikaans/English	Yes	6	Yes
14	Female	45	Xhosa	Yes	4	Yes
15	Female	26	English	Yes	5	Yes
16	Female	41	Xhosa	Yes	7	No

## 4.3 Framework for Analysis

**4.3.1 Table 2 – Table demonstrating framework for analysis**

Main Themes	Categories
1. Improve symptoms	i) Address symptoms during experience ii) Improvement from session
2. Emotional support	i) Awareness experienced ii) Insight developed
3. Prominent aspects of Equine Assisted Therapy (E.A.T.)	i) Horses and the functioning of horses ii) Therapists and the role they play iii) Activities and the meaning of the activities iv) Metaphors and the symbolism of metaphors
4. Effectiveness of Equine Assisted Therapy (E.A.T.)	i) Personal and organisational experiences ii) Empowering experience
5. Compared to other support offered	i) Importance of psychosocial support ii) Supervision as a psychosocial support iii) E.A.T. as a possible psychosocial support

## 4.4. Discussion of findings

This study will present five themes which were identified in the analysis of the data, namely, improved symptoms, emotional support, prominent aspects of Equine Assisted Therapy (E.A.T.), effectiveness of E.A.T., and E.A.T. compared to other support offered. Within each of those themes, there were categories that have been identified and that will be explored under each theme. This section of the chapter will proceed to present each theme and the subsequent categories and use direct quotes from the participants to illustrate each category that has been identified.



#### 4.4.1. Theme 1: Improved symptoms

In the analysis of this theme, two categories emerged, namely that the participants were able to address symptoms during their experience and to feel an improvement in their symptoms from their experience.

##### 4.4.1.1. Theme 1: Category 1: Address symptoms during experience

Within this category, 15 of the 16 participants were able to address their symptoms during the session of E.A.T. that they experienced.

- ❖ *“For me what came up was the situation we are in and the trauma we are dealing within the circumstances.”* (Participant 2)
- ❖ *“Yes definitely, because of the type of activities that they allowed us to do...thinking about the challenges that we have here at work and naming each obstacle and then getting into a relationship with the horses and then naming them as a coping mechanism, it definitely did help us. Be able to verbalise what the actual challenges were and also not to leave us there with the problems, but to think of what could actually work for us to become solutions.”* (Participant 3)
- ❖ *“You know the activities that we were asked to do, that we were given to do, definitely for me, got my mind thinking along that way, because you know it was along that kind of thinking about work, um, what are our challenges, how do we deal with those challenges or what do we need to deal with those challenges. So certainly it helped to address stress.”* (Participant 5)
- ❖ *“...we unpacked that and we could see that the emotions and the feelings regarding that is quite strong...we could address that, we could speak about it openly...”* (Participant 15)

The participants' responses indicate that their experience of an Equine Assisted Therapy (E.A.T.) session enables them to address their symptoms through the use of the horses, the activities and the experiential nature of the therapy, which concurs with the literature that E.A.T. allows clients to identify and express behaviours and feelings that they may not have been aware of or that they may have been aware of but were not able to express (E.A.G.A.L.A., 2012; Frewin & Gardiner, 2005; Shultz et al., 2007). Further literature corresponds with this point whereby Myers (2006) discusses that experiential therapy for clients can strengthen communication skills,

enable them to come to terms with their problems, help them discover their true feelings and develop realistic hopes and develop new skills to cope with their stressors and secondary traumatic stress symptoms.

Hence, the information collected from the participants regarding this category contributes to the field of E.A.T. in terms of having one experience of an E.A.T. process can enable a social worker to address their trauma and stress symptoms that they feel as a result of working with their clientele.

#### **4.4.1.2. Theme 1: Category 2: Improvement from session**

There were 15 of the 16 participants that felt that their symptoms had improved from the session of Equine Assisted Therapy (E.A.T.).

- ❖ *“...in terms of an entire work level and the stress and in terms of our organisation, yes it did feel like we going somewhere, you know.”* (Participant 1)
- ❖ *“Definitely, in a way that we didn’t even see coming.”* (Participant 3)
- ❖ *“Yes, I saw some dynamics...I could see that my relationship with the horse...I can connect it to my own experience...I realised that about being there and so I am trying to improve that. Especially this week and last weekend there were, I wasn’t so closed off.”* (Participant 7)
- ❖ *“I did think so, yes...we actually had a moment in our office, in our team, to discuss what we’ve experienced...”* (Participant 8)

These responses point out that an experience of E.A.T. can improve a social worker’s trauma and stress symptoms which coincides with what Nimer and Lundahl (2007) describe as animal-assisted therapy being associated with improvements in psychosocial functioning, social interactions, happiness and a healing process where positive effects on behaviour were observed. This adds to the literature reviewed in chapter two whereby engaging with animal assisted therapy, specifically E.A.T., can improve the secondary trauma symptoms that social workers experience due to their work.

#### **4.4.2. Theme 2: Emotional Support**

In the analysis of this theme, two categories materialized, namely the awareness experienced and the insight developed from the participants.

#### 4.4.2.1. Theme 2: Category 1: Awareness experienced

The researcher became cognisant of participants becoming aware of personal aspects due to their experience of an E.A.T. session. 12 of the 16 participants made specific reference to personal awareness's they experienced through the process of E.A.T.

- ❖ *"It was emotional in terms, you know, it really made you want to cry you know...then I had the feeling of hmm I can do so much more now"* (Participant 1)
- ❖ *"You know, it actually did, and for me I at that stage had an awareness, just after we had it that there was something that happened, that there was a process, there was a process where I felt that I could debrief a little bit and it helped me with just being a little more at ease and it helped me that I felt less traumatised in a certain sense..."* (Participant 2)
- ❖ *"...you know with the activities it was all about the challenges we face at work and then the resources or what do we need to help us face these challenges and so you know all of this but I think using horses and using the different tasks was a good visual as to what our challenges really are and how we do actually struggle through these challenges and not always have the resources that we really need. So it was just nice to have a visual and that you can see and I don't know it makes it more real in a sense, you can really like, oh hang on I actually really do have a problem with the support that I receive and um, but you know it but you not really consciously aware of it all the time, but that just made it more aware of it."* (Participant 4)

The experience of the participants is supported by E.A.G.A.L.A. (2012) which recognises that the interaction with the horses on an emotional and metaphorical level empowers clients to experience emotional and behavioural change and growth. Shultz et al. (2007) further support what the participants experienced through their discussion on how individuals are often unaware of their behaviours or feelings and struggle to admit them and that the process of E.A.T. allows clients to identify and express behaviours and feelings.

The responses from this category enhance the understanding of the emotional support that E.A.T. can provide in that one session can create an opportunity for social workers to become more aware of behaviours and feelings and to feel supported while experiencing the awareness.

#### 4.4.2.2. Theme 2: Category 2: Insight developed

From the data analysis, it emerged that participants were making personal insights due to their experiences with E.A.T. and 12 of the 16 participants referred to their individual insights.

- ❖ *“...with the equine therapy, I think there is a secondary process that is happening, in a sense, I think there is an unsaid that is brought forward...I have to say that for me, I had an experience where something just became very clear to me, something about myself in the process, you know, and I think that was a powerful experience for me.”*  
(Participant 2)
- ❖ *“...these two weeks I came from the therapy, there is a change with me, because sometimes it is not about our cases only, you also think about your personal stuff...”*  
(Participant 11)
- ❖ *“I actually made use of that and I could identify my client the other day and I could see, oh ok I put you there...I actually grew a little bit stronger with the horse’s therapy.”* (Participant 13)

The descriptions of the participants relating to their development of personal insights from their E.A.T. experience corresponds with what E.A.G.A.L.A. (2012) and Schultz et al. (2007) discuss, which is that with Equine Assisted Therapy (E.A.T.), individuals are able to learn about themselves, process their thoughts, beliefs, behaviours and patterns, thus enabling them to gain insight of themselves through their experiences with the horses and activities.

The information in this category has further added to the body of knowledge for Equine Assisted Therapy (E.A.T.) in that it has demonstrated that using horses and activities enables social workers to gain insight into their personal feelings and behaviours and creates an opportunity for them to make changes.

#### 4.4.3. Theme 3: Prominent aspects of E.A.T.

There were four categories that emerged under this theme, namely, the horses and the functioning of the horses, the therapists and the role they play, the activities and the meaning of the activities, and the metaphors and the symbolism of the metaphors for the participants.

#### 4.4.3.1. Theme 3: Category 1: Horses and the functioning of horses

This category revealed that 14 of the 16 participants referred to their responses of working with the horses as enabling them to relate to themselves, to reflect their own feelings and that the response of the horses to them created awareness and insight.

- ❖ *"I think on that day, you just felt like ok all these big things are really just not that big. Because you just realise that these animals are so, that they are so, you know it was so intense man and I didn't expect that."* (Participant 1)
- ❖ *"And it was very interesting to find out how similar relationships with them are with people, because I remember touching one of the horses from the back and he actually, made a bit of a movement and then I thought, you know, if someone came to hug me from behind, someone that I didn't know, I would react the same way."* (Participant 3)
- ❖ *"...as soon as the horses paid attention to you, you feel good about yourself, you know some nurture. And then when they don't you feel well what am I doing wrong, it actually brought up a lot of feelings, which was really interesting. Because they are maybe things that I try to avoid at times."* (Participant 4)
- ❖ *"...because horses can't really judge you, it felt like safe space to be totally accepted."* (Participant 6)
- ❖ *"And it was an amazing feeling, I was the one that went to go fetch the horses, because I was at first nervous, so when we had these different obstacles and we had to take the horses to the different areas and then I was nervous and the horses didn't want to respond to us, then I said to myself it's like dealing with children, if they can sense if you nervous or if you tense so then I said to myself I must be calm and then I went to the horses and I spoke to them very calmly and then they felt that I was the calmest one amongst us all."* (Participant 10)

The responses from the participants collaborates with what Frewin and Gardiner (2005) confer which is that horses can be direct and non-judgemental in their exchanges with humans and without assumption and criticism, which allows for a process that empowers clients to face their feelings and make changes. Horses communicate through body language and have no ulterior motives in their actions towards one another or humans and horses respond to the immediacy of the intent and behaviour, as the participants experienced (Frewin & Gardiner, 2005).

This point is further enhanced by E.A.G.A.L.A. (2012), which describes the role of the horse in an E.A.T. session as reflecting and playing a symbolic feature in the individual's experience in the session which in turn feels familiar for the client in terms of the reaction given by the horse and the client then visually sees the reaction because horses are sensitive to non-verbal communication and responds to messages that clients have given, as demonstrated in the above experiences of the participants.

Thus, the material presented in this category contributes further to the argument that the role horses play in a therapeutic setting, such as an E.A.T. session, is valuable in terms of the social worker being able to reflect on the meaning of their behaviour and actions and to create a deeper understanding of their feelings and emotions.

#### **4.4.3.2. Theme 3: Category 2: Therapists and the role they play**

When asking participants about the process, it was important for the researcher to enquire about how the participants experienced the therapists, as they form a key aspect of the process. All of the 16 participants responded with having had a positive experience and that the therapists created space for perspective and interpretation.

- ❖ *"I think they guided the process...they gave greater understanding but they also gave the opportunity for us to reflect and to also verbalise how we are feeling about what has happened...I could also ask questions and that allowed me to interpret things that I sort of might not have interpreted in that way. But also sort of opened the space and just to be able to talk and to find out things and to put the situation together in a way that made sense you know"* (Participant 2)
- ❖ *"...they were non-directive in a sense, although it is quite a direct process...they are very neutral, so all the things that you got out of it, it wasn't put there by them, you became aware of your own projections and feelings and thought processes and that, which was quite interesting...reflecting back on how in our own personal lives or in our work lives how, which I found it was really good and it opened up a lot of thoughts..."* (Participant 4)
- ❖ *"I think they kind of put things into perspective for us allowed us to think a little bit deeper about what we were doing and the activities, you know, and in so doing, getting us to understand our situation a bit deeper...helped us to reflect in a specific direction...I was quite amazed about how accurate they were..."* (Participant 5)

- ❖ *“I think what was good was the fact that, they just facilitated, you know, that they just respected that it was our process or my process...”* (Participant 6)

As in any therapeutic model, the goal of the therapist is to engage with and work towards the goal of their clients. The participants had experiences of guidance, reflection/self-reflection, perspective and interpretation, which links to what the literature describes as the therapists/facilitators collaboratively working with clients and horses towards achieving the goal of the clients through an experiential process (E.A.G.A.L.A. 2012; Shultz, Remick-Barlow & Robbins, 2007). Hence, one is able to understand the valuable role that the therapists play in an Equine Assisted Therapy (E.A.T.) session which complements what the literature reviewed in chapter two has discussed.

#### **4.4.3.3. Theme 3: Category 3: Activities and the meaning of the activities**

All of the 16 participants reflected that the activities had enabled them to relate to work stress, current situations in work and in their personal life.

- ❖ *“But it had such an interesting effect because I hate not being in control and then suddenly I thought, ag screw that, there’s nothing I can do, I cannot find the horses on my own and so I allowed my colleague, she really looked after me a lot, and it was really nice because I could sit back and actually I have to allow this person to help me and we got things done.”* (Participant 4)
- ❖ *“I thought it was good because we often we just work with these things, we just deal with these things, we don’t often name it and so here we had an opportunity to name it, to say you know, all of this is happening here, is stress, you know, we named one of the formations stress, because that is an experience, that is a challenge.”* (Participant 5)
- ❖ *“...but what I can say about the activities with the horses, it’s like sort of you debrief yourself, sort of, because you think about yourself, your personal experiences with the clients and what do you feel about all the trauma...”* (Participant 9)
- ❖ *“And also, the activity, I like the activity...they told us that sometimes when you have a client that comes to the therapy room, you are just like, it’s just like you are disabled, you don’t know what to do, you feel you can’t do anything, and then they tie us...take the horses to that places...to link to their places...it told me that really,*

*sometimes really you come into the therapy room and you don't know what to do, but when you there, you did something..." (Participant 14)*

Being able to relate to present realities and past experiences, allows clients to make connections to their current systems of functioning, as the participants experienced and which agrees with what E.A.G.A.L.A. (2012) discusses, that clients are engaged intellectually, emotionally, socially and physically, which allows for responses to be personally experienced by clients. Through the experiences, as the participants have reflected, opportunities are explored and revealed according to the personal values and systems of the clients (E.A.G.A.L.A., 2012). One can see here the link to systems theory whereby participants have made connections within the process to their external realities, which is reinforced by Keenan (2010) who views that one must look at the collective systems of individuals to understand their reactions and thought processes regarding stressors and/or experiences.

The findings in this category illustrate that social workers could experience making links between the activities and their past/present realities, which enabled an empowering experience and creates a meaningful connection to the literature discussed in chapter two. The process of E.A.T. is for clients to engage in an experiential process whereby working simultaneously with horses and tasks that relate to the client system, enables the client's to relate to their past/present realities and for this research project, to relate to their trauma and stress symptoms, which the social workers have described in their responses.

#### **4.4.3.4. Theme 3: Category 4: Metaphors and the symbolism of metaphors**

All 16 participants made reference to the influence that the creation of labels and metaphors had a positive effect for them with regards to being able to make links to their realities, experiences and symptoms.

- ❖ *"And it dawned on me, it's true, our admin is in complete chaos and that was the one area where we were like that is chaos there, don't go there, take the horse there. That is mainly what was quite interesting. Then naming the horses was also interesting because it was so personal for a lot of us, like we needed support, so one horse was support, we needed food, well I wanted to label a horse food because we need food, we labelled one nurture, because we need nurture..." (Participant 1)*



- ❖ *“I remember from the experience that we had to take some of the horses to a specific challenge, and I remember that we had, you know, stress and so on in some of the challenges and then I remember that we had a horse named support and we had a horse named nurture and we found it quite easy to take them to a certain point...it was actually amazing to think that we project onto the horses, so yah.”* (Participant 3)
- ❖ *“You know, the horses, they were our ‘coping mechanisms’ so we had different challenges and then we had the, the horses we had to choose them and associate them with a different challenges...it was so funny how they took on that role or that label, I couldn’t believe it. For instance, there was the one horse we named him or labelled him as assertiveness...and you know that horse was so assertive and so dominant...”* (Participant 15)

The experiences of the participants is supported by E.A.G.A.L.A. (2012), Frewin and Gardiner (2005) and Russell-Martin (2006) who describe horses as being like humans, they have different personalities, attitudes and moods and deal with problems on a behavioural level whereby their body language communicates their response to what is going on in their environment, which enables the opportunity for clients to create metaphors. Frewin and Gardiner (2005) and Russell-Martin (2006) further describe that by allowing the clients to visually see the metaphors and make links back to their realities, powerful metaphors can enhance their experiences and understandings and begin a process of behaviour change, as conveyed by the participants.

Thus, contributing further to the understanding that an experience of Equine Assisted Therapy (E.A.T.) can enable a non-threatening experience for a social worker to make connections to their work and their personal experiences and that the process of engaging with metaphors allows for an insightful experience. The process of allowing the social workers to interact with horses through activities that are centred around their realities and systems creates opportunities for metaphors to link from the reality occurring in the work with the horses to the reality of the social workers’ system of functioning and therefore enhancing the literature that has been reviewed in chapter two.

#### 4.4.4. Theme 4: Effectiveness of E.A.T.

This theme presented with two categories, namely the personal and organisational experiences and the empowering experiences that the participants felt from their exposure to Equine Assisted Therapy (E.A.T.).

##### 4.4.4.1. Theme 4: Category 1: Personal and organisational experiences

When the participants were asked about their experiences of the process and what their thoughts were, 10 of the 16 participants referred to the awareness they had developed around the process serving two purposes, that of working through personal issues as well as organisational issues.

- ❖ *“So it really, it did a lot for us as a team and for us individually as well.” (Participant 3)*
- ❖ *“...what I did realise it did bring about for me was that the process really helped me to realise how frustrated I am on a different level, which I haven’t realised before. You know, on an organisational level...so what that process brought about, I am not sure really what it was and how it came about, but it was a level of, I realised, a level of frustration I felt about work, in terms of work and how bad it actually was, and I knew about the stress at work and the stress I personally, I never realised how bad it was, and that realisation helped, because at least now you know where you are at, professionally.” (Participant 6)*
- ❖ *“...and it was very, very busy my mind, because sometimes I put this, this one activity of our client and this situation at work and the other times it’s my personal life also, it really was a lot of thinking that day.” (Participant 9)*

This is a concept that was not explored in the literature in terms of the experience being two-fold for the participants. The goal of the Equine Assisted Therapy session was to engage with the participants on a personal level in terms of their secondary trauma symptoms, however there has been a secondary process that has come to light whereby not only have the participants experienced the process on a personal level, they have also been able to access challenges on the organisational level and address those challenges through the process.

#### 4.4.4.2. Theme 4: Category 2: Empowering experience

Through the participants gaining awareness and insight from the E.A.T. process, 14 of the 16 participants made mention of how they had felt empowered by the process and felt that, in some way, their stressors and secondary trauma symptoms had been addressed.

- ❖ *“...I could see the equine therapy being a really good short term intervention because you get to the projective work quite quickly and you can’t deny it...when you are dealing with horses or you are in that kind of setting, you kind of going to go there whether you like it or not and it kind of brings it up a lot quicker in the process. Which is really good, especially in South Africa we need more short term interventions. So for me I guess it’s like any other medium but maybe it’s a very effective medium because you getting to the issue straight away and it’s in a setting where the person can feel safe and secure and there are two professionals there who are able to contain the situation...and I think because you are also getting out of the office, it already makes you feel better.”* (Participant 4)
- ❖ *“Well I felt like the stubborn horse or the dominant one, if I can say it like that, mostly I am like that, mostly, in my personal life. It’s like I am very independent, you see, like I don’t need anybody...I don’t want nothing from other people...so that went through my mind, that I must change myself in that sense, you see.”* (Participant 9)
- ❖ *“You know man that day I felt a relief...for me it’s like really, really the debriefing, for me, not just about how you feel just to do also your mind, you see.”* (Participant 11)
- ❖ *“I found that it was a huge support there, because now you feel like, you feel stronger, I feel much stronger than before.”* (Participant 12)
- ❖ *“...I have learned a lot, you know, and the fact that we could make our challenges physical and see it, like outside of the therapy room, or outside of ourselves if I can put it like that, it was very empowering...”* (Participant 15)

These empowering experiences that the participants had are supported by Schultz, Remick-Barlow and Robbins (2006) who highlight that the modality of using horses as a therapeutic tool enables clients to address self-esteem, personal confidence, communication and interpersonal effectiveness, trust, boundaries, limit setting and group cohesion. Schulz et al. (2006) further discuss that by being able to address these aspects of personal and professional factors, social workers could work on their internal and external processes in terms of understanding their experiences and

secondary traumatic stress symptoms, which the participants have illustrated in their responses.

This information has indicated that an Equine Assisted Therapy (E.A.T.) session can provide an empowering experience for social workers and it creates additional knowledge to the field of E.A.T. as well as for social workers and organisations to be aware of what E.A.T. can offer.

#### **4.4.5. Theme 5: Compared to other support offered**

The last theme from the data analysis process resulted in three categories emerging, namely the importance of psychosocial support, supervision as a psychosocial support and E.A.T. as a possible psychosocial support.

##### **4.4.5.1. Theme 5: Category 1: Importance of psychosocial support**

It was revealed that 15 of the 16 participants have a strong view of the significant role that psychosocial support plays for them with regards to their secondary traumatic symptoms and the work that they do with their clients.

- ❖ *“I think it’s very necessary...you could have a meltdown if you are not getting an opportunity to talk through these things...it impacts in just every part of your life...you can’t sleep at night because of cases going on, and that’s not common, because if your mind is very occupied with stuff, then it does sometimes play on your mind”* (Participant 5)
- ❖ *“...to hear from others what they are struggling with, you see, and it’s usually very, very emotional in that group.”* (Participant 9)
- ❖ *“No it is very useful...it helps because the stress with what we are dealing with when we are working with our clients, we get answers there...”* (Participant 12)
- ❖ *“Yes, very, very, very important, very important...it’s helpful for me”* (Participant 14)

The participants impression of psychosocial support is that of great importance, which is in accordance with the literature, whereby coping and social support are viewed as protecting workers from the negative effects of work stress by having a direct effect on psychosocial well-being (Patterson, 2003). Patterson (2003) further describes the easy accessibility of social support as resulting in fewer negative effects of the work stress on the well-being of the social workers. Hence, this information demonstrates and creates a meaningful connection to the literature that

has discussed the importance of psychosocial support for social workers in terms of preventing secondary trauma stress symptoms from having a negative effect on the social workers.

#### **4.4.5.2. Theme 5: Category 2: Supervision as a psychosocial support**

Fifteen of the sixteen participants have had some form of experience with supervision, either in the past or currently.

- ❖ *“...once a month we have an external person...”* (Participant 7)
- ❖ *“...we also do have a clinical supervisor and a supervisor, so yah I am able to address it just by communicating and talking with them about it...”* (Participant 8)
- ❖ *“Yes sometimes I went to my supervisor to share if there is something”* (Participant 12)
- ❖ *“We need to do that...where she can assist us with, like things that we struggle with, that she can assist us with, you know that is just it...If we feel emotional or we feel stressed out then we go there, if we need to address the situation then she helps us to.”* (Participant 13)

The feedback from the participants is that supervision enables a safe place for them to be able to work through their emotions and stresses and to seek guidance and understanding of their experiences with clients, as well as to provide them with emotional and social support, guidance and understanding of their experiences and to work towards reducing challenges and stressors, as supported by Barak, et al. (2009). This is similar to the literature where Choi (2011) discussed the importance of supervision for social workers to openly discuss their reactions and emotions and work towards understanding their experiences and reactions, whereby their personal and professional lives are validated and understood.

However, what was interesting to note from the interviews conducted for this research project was that 9 of the 16 participants specifically mentioned that what is available to them is insufficient or not there at all, which links to the reason the researcher is exploring an alternative psychosocial support.

- ❖ *“At the moment my clinical supervisor, I don’t feel like she is really helping me, not helping me but it just doesn’t feel like when I am going there, I am not coming back fulfilled...”* (Participant 1)

- ❖ *“Previously I had the opportunity to attend an external supervisor session but I haven’t gone for more than a year though because of circumstances in the organisation” (Participant 2)*
- ❖ *“...I have kind of given up on the whole process, whether I see her or not, it doesn’t make a difference to me because I am not getting what I need out of it...you just feel like, ag you in your office, it already makes you feel a little closed off because you don’t want to talk about work when you are at work, and I don’t feel like she really gives me the support I need.” (Participant 4)*
- ❖ *“I don’t want to say that it is a waste of time but my problem for a long time here in dealing with trauma is like, we dealing with sexual abuse, so for me sometimes it’s difficult to deal with a client...” (Participant 9)*

It was interesting to note because previous research has indicated that the supervisory dimensions of task assistance, social and emotional support significantly impact the outcomes for workers, hence a lack of supervisory dimensions results in the worker being negatively affected, as pointed out by Barak, et al. (2009). This connects to the literature and what some of the participants have indicated and creates a space for exploration into how support could be improved for social workers. Hence, the next category in this theme explores Equine Assisted Therapy (E.A.T.) as an alternate psychosocial support methodology for social workers.

#### **4.4.5.3. Theme 5: Category 3: E.A.T. as a possible psychosocial support**

All 16 of the participants said that they would choose E.A.T. as an option for an alternative method of psychosocial support.

- ❖ *“It does, but I am thinking of it now, it does in the sense that I, you know you do speak and you let things out, but then you also, you kind of, you bring forth what you want to bring forth and hold back what you want to hold back, but I think when you are with the horses, it just brings a different level of self-awareness that even if there is something that you didn’t want to bring to the fore, it will kind of come out anyway and you know with more time with the horses, even if you don’t want it to come out, you know it triggers things for you to think for yourself. So I won’t believe I am saying this but I will actually take a session with the horses more than like a one on one therapy session that we would normally have!” (Participant 3)*

- ❖ *“Yes, now thinking about it, in clinical supervision I would talk about frustration and all those difficult feelings also, but never have I realised it, because I mean we have been having it for years now and once a month but I have never come to the realisation about how bad it actually was, as when I did the horses therapy thing. So I am trying to way up the two processes now and I could easily see how that would be a more useful clinical supervision process for me, than the traditional therapy of sitting with a clinical social worker and sitting with your feelings. Because I have been doing it for three years now in this organisation but I have realised more in that setting than in a...because as professionals you know your task, you know your theories, you know what you are going to do, but on a personal/professional level in getting the balance, you know, now that I have experienced that, that bought about something different, something more to myself than the traditional clinical supervision with a social worker in between four walls.” (Participant 6)*
- ❖ *“I would yes...It’s more visual, it’s nice to see it and make connections because sometimes you can’t see what’s in your head, sometimes all the stuff is in your head and it’s nice to see it visually there, and name it, and try to conquer it visually” (Participant 7)*
- ❖ *“Definitely, you know what, even just like stroking the horse, that is also a fun sort of relief you know...I think it’s good, obviously depending on the activities that will be done, see for instance, like with us I think it was very appropriate for us in order to debrief, in order for us to put out our challenges and come up with solutions, so I think it is effective.” (Participant 15)*

What these findings indicate is that Equine Assisted Therapy (E.A.T.) is viewed as a viable option to provide support for social workers who suffer stress and secondary trauma symptoms due to their work, which is supported by the literature, which has explored the positive psychological and psychosocial effects that the inclusion of animals in therapy has for clients (Nimer & Lundahl, 2007). In further support of this, Schultz, Remick-Barlow and Robbins (2006) describe the modality as providing the opportunity for individuals to experience their struggles in a non-threatening environment and, in a supportive process, allow clients to identify, reflect and encourage change regarding their feelings and stressors, which is demonstrated by the participants’ responses.

Newell and MacNeil (2010) contribute further to this finding by discussing that social workers should have access to psychosocial support on an individual and organisational level, as it functions as a preventative measure for reducing and managing the levels of secondary traumatic stress symptoms that could result in negative effects with regards to the practitioners and their level of functioning in the work place. Hence, this section has provided collaborative information for the literature that has been reviewed, as it agrees with E.A.T. as being an alternate option for support when compared to other support offered to social workers.

#### **4.5. Conclusion**

This chapter presents the demographic information of the participants, the framework for analysis and the discussion of the analysis of the data according to the themes of the research questions and the categories identified in each theme. The categories were discussed according to the literature reviewed in chapter two. The following chapter is the final chapter of this document, which provides conclusions of the findings found in this chapter.



## **Chapter Five**

### **5.1 Introduction**

This chapter represents the main conclusions drawn from chapter four of the research conducted for this project and are presented according to the research objectives identified. Each objective is described and then followed by the conclusions made through the research. Succeeding the descriptions of the objectives and the conclusions made from the research, recommendations will be made regarding further possible research and the possible opportunities that this research has presented for relevant personnel and organisations to pursue.

### **5.2 Main Conclusions**

#### **5.2.1. Objective One**

- To ascertain whether E.A.T. could assist social workers in improving their secondary trauma and stress symptoms.

This study has demonstrated that most social workers were able to address their symptoms during an E.A.T. session. Through the experiential nature of E.A.T., social workers could verbalise their feelings and symptoms in the session, which indicates that by social workers being involved in a longer process of multiple E.A.T. sessions, they would be able to address more symptoms.

Most of the social workers revealed that their symptoms had been improved from their participation in the session of E.A.T. and that they felt more positive. This shows that an E.A.T. session can help improve the secondary traumatic symptoms that social workers experience and that being involved in a process of E.A.T. could further improve symptoms.

This study has established that by experiencing an E.A.T. session, most social workers are able to address and improve their secondary traumatic symptoms through the experiential nature of the therapy whereby social workers can identify their feelings, emotions, and behaviours and they are able to progress towards developing ways of adjusting and enabling a more positive experience.

### **5.2.2. Objective Two**

- To explore the perceptions of social workers, as to whether E.A.T. could provide emotional support relating to their history of work-related trauma and/or secondary traumatic stress symptoms.

A significant number of the social workers made it evident with their responses that they felt supported in their experience of the Equine Assisted Therapy (E.A.T.) session, which allowed them to become aware of feelings and behaviours that they were not aware of before. It was through the interaction with the horses on an emotional and metaphorical level that enabled the social workers to develop their awareness.

The study also demonstrated that most of the social workers developed insight into their secondary traumatic symptoms and how they have been affected by the stressors that they are exposed to. The opportunity for the social worker's to develop their insights transpired because the E.A.T. session exposed aspects of the individuals and allowed the individuals to process these and therefore gain insight.

Through one session of E.A.T., most social worker's that experience secondary traumatic stress symptoms as a result of their clientele had developed awareness and insights about themselves that was enabled through an emotionally supportive session. These findings indicate that involving social workers in a longer process of E.A.T. could have further benefits in providing emotional support.

### **5.2.3. Objective Three**

- To investigate which aspects of the E.A.T. process particularly assisted the social workers in addressing their work-related traumatic experiences.

The study illustrated several prominent aspects of an E.A.T. session that all had an impact on the social workers. The social workers made comment on the horses and the positive impact the horses had made on each of them, whereby the social workers felt nurtured, supported and empowered by working with the horses. Specifically about the horses was their ability to take on the projections of the social

workers whereby the horses interacted with the social workers and symbolised what the social workers were projecting by being labelled as a part of the activity and by reacting to the way the social workers interacted with the horses. The horses thereby mirrored the process that was occurring in the arena and the social workers would have to change their behaviour/approach in order for the horses to change for the activity to be achieved. Hence, the involvement of the horses in the Equine Assisted Therapy (E.A.T.) session that the social workers experienced provided a valuable aspect of the social workers understanding their actions.

The research also established that most of the social workers found the therapists/facilitators providing the process of Equine Assisted Therapy (E.A.T.), as supportive and able to contain the situation through engaging the social workers with a non-directive, thought provoking and empowering process that guided and enabled the social workers to review what the process had bought up for them. Most of the social workers made mention of the secondary process that they experienced during the E.A.T. session and that that had created thought processes for them and enabled the empowering process.

A significant number of the social workers also commented on the empowering impact the activities and the metaphors had in terms of visually enabling the participants to see and experience what their realities are. By being able to make connections of their individual realities to the activities and metaphors presented in the session, the social workers were able to develop deeper understandings of the impact of their symptoms, the affect their symptoms have on them as individuals as well as those around them and they developed valuable knowledge of how to apply what they have learnt in the session back to their reality.

#### **5.2.4. Objective Four**

- To investigate the possible effectiveness of E.A.T. for social workers in addressing their past work-related traumatic experiences.

From the research conducted, there was a positive connection made in terms of E.A.T. being effective in addressing work-related traumatic experiences and stress

symptoms for social workers. The opportunity of being able to identify and reflect both personal and organisational stressors in a metaphorical manner and to have the horses play out these issues provided an empowering process for the social workers to work through their stressors and experiences.

The research found that the Equine Assisted Therapy (E.A.T.) session provided both a personal and organisational aspect regarding improving most of the social workers trauma and stress symptoms. On a personal level, almost all the participants experienced an opportunity for their emotions and stressors to be exposed, some of which they were not aware of, and were able to address these and begin to make changes. On an organisational level, most of the participants became aware of emotions and stressors related to their work and they were able to verbally and visually acknowledge these and begin a process of change, working towards improving these.

The study also revealed that the session of E.A.T. was able to provide an empowering experience for most of the social workers that improved their symptoms overall and enabled them to work on their self-esteem and self-confidence as well as communication and personal effectiveness within the work setting. Through the activities, the metaphors and the interactions with the horses, most of the social workers were able to address internal and external processes which opened them up to new experiences whereby they felt empowered.

Overall, the prominent aspects that encompassed the one session that the social workers experienced, indicates that E.A.T. is an effective model to assist social workers in working through their secondary traumatic stress symptoms and for providing a supportive approach towards their work stressors.

#### **5.2.5. Objective Five**

- To explore the perceptions of social workers, with possible secondary traumatic stress, as to how E.A.T. compares to other support available to them.

The researcher explored the perceptions of the social workers regarding psychosocial support and the impact this had on their secondary trauma and stress symptoms. It was found that a significant number of the social workers viewed psychosocial support as playing an important role in supporting them and assisting them to deal with their trauma and stress symptoms. By social workers having psychosocial support available to them, their chances of reducing negative effects from the secondary traumatic symptoms on their personal and professional capacities is increased.

The social workers made particular mention of supervision as a support for them whereby they are able to share emotions, feelings, experiences of clients and seek guidance, which enables and supports the social workers to deal with the secondary trauma symptoms and stress and develop healthy ways of addressing the symptoms and ensuring their well-being. However, there were some social workers who felt that what they were currently receiving as supervision was lacking in support and was not providing them with the opportunity to be able to express themselves appropriately and to relieve the secondary trauma and stress symptoms that they experience.

Following from this, the researcher investigated the perceptions of the social workers with regards to their views on how Equine Assisted Therapy (E.A.T.) might fair as a possible psychosocial support for their secondary traumatic and stress symptoms. A significant number of social workers perceived the E.A.T. session as a support for their symptoms and themselves, as they felt that they were engaged on varying levels and were enabled to process their emotions and stresses while at the same time enabling them to gain perspective on an individual and organisational level and to begin a process of change and improvement.

Hence, E.A.T. as a therapeutic process, experienced over a length of time, could provide social workers with an opportunity to have adequate and effective emotional support and be a preventative measure for the negative effects of the secondary traumatic stress symptoms that social workers experience as a result of working with their clientele.

### **5.3 Recommendations**

This chapter has thus far explored the main conclusions of this research project. In the following section of the chapter the researcher will contribute recommendations that have come to the fore through the research whereby the researcher will make recommendations towards possible future research and recommendations to organisations of social workers.

#### **5.3.1 Future Research**

Due to the sample size of this research being small, further researcher could engage with a larger sample size, which would enable a broader spectrum of perceptions towards the effectiveness of Equine Assisted Therapy (E.A.T.) being utilised and providing input towards the topic.

Further research could possibly explore different populations, as this study focussed on social workers, other studies could explore with different populations to find out about the effectiveness of E.A.T. as perceived by other professionals who may be exposed to developing secondary traumatic stress symptoms, such as counsellors, psychologists and psychiatrists, to name a few.

Similarly, further research could explore different topics relating to social workers as well as other mental health professionals in relation to the E.A.T. process in terms of what the practitioners require from a therapeutic process.

This research could serve as a pilot study for a more in-depth study that could investigate the perceptions of participants who engage with a longer term process of E.A.T., so instead of the participants having an experience of just one session, they could go through a programme that engages them in a process over a number of sessions.

#### **5.3.2. Organisations employing social workers**

Organisations that employ social workers who are exposed to developing secondary traumatic stress symptoms due to the work they do with their clientele, could make use of Equine Assisted Therapy (E.A.T.) as a psychosocial support resource.

Furthermore, social workers in general who seek psychosocial support could make use of E.A.T., as it engages the individual in terms of providing individual emotional support and enabling a process to encourage the social worker in developing self-awareness and dealing with emotional stressors they may be experiencing. E.A.T. Hence, social workers could attend individual sessions to address their individual needs.

E.A.T. also allows for changes to be addressed at an organisational level, whereby social workers working as a team in an organisation will benefit from attending sessions, as they will be able to address administrative frustrations and any stressors experienced in the work place, to name a few.

By making use of E.A.T., organisations could be providing their social workers with an empowering emotional support process and an opportunity for their social workers to access their emotional and work-related stressors.

From the conclusions of this research project, one could apply Equine Assisted Therapy (E.A.T.) to other professionals that work with trauma related clientele and that are possibly susceptible to secondary traumatic stress symptoms, such as counsellors, psychologists, psychiatrists and psychiatric nurses to name a few. One could take it further and enable all mental health practitioners that need and require psychosocial support to engage with an E.A.T. process.

#### **5.4 Conclusion**

This chapter has provided the main conclusions based on the data analysis and represented them according to the research objectives for this study. Each objective was indicated and then followed by the main conclusion, as determined by the researcher through the use of the data analysis. The next section of the chapter enabled the researcher to provide recommendations for further research surrounding the topic of this study, as well as the utilisation of E.A.T. amongst organisations that employ social workers and mental health practitioners who are exposed to developing secondary traumatic stress symptoms.

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## **Appendices**

### **Appendix one – Participant information form**

April 2013

#### **Participant Information Letter**

Good day,

I am a Masters student studying Clinical Social Work at the University of Cape Town and I am conducting research for my dissertation. I would greatly appreciate your assistance in helping me complete my dissertation by participating in my research. My research is based on exploring a methodology that could be used in providing a supportive debriefing process for social workers who are working with clients that suffer traumatic experiences, and in turn the social workers may experience some secondary trauma symptoms.

The title of my research is:

**An explorative study of the perceptions of social workers who are exposed to work-related, secondary traumatic experiences through their clientele, of the psychosocial support Equine Assisted Therapy (E.A.T.) could provide**

The methodology I am exploring is unique in that it makes use of horses to engage with people and work with them through a support programme. It has become widely used in the USA for military personnel to assist them with their return from war and in providing a debriefing methodology for the everyday hardships that they experience. The methodology is called Equine Assisted Therapy (EAT) and is conducted by fully qualified and experienced personnel in their field. There is NO horse riding involved in EAT; rather, sessions consist of ground-based activities with the horses that are practical and have elements of fun and relaxation, using things such as noodles, hula hoops, cones and balls and, with the use of horses and tools, can create possible metaphorical links to the clients. The clients interact with the horses through these ground-based activities. Horses have the ability to read the body language of people as that is how they communicate with one another in a herd. This allows a client to see their behaviour patterns mirrored back to them and it is this feature of EAT that allows the client to relate what they learn immediately back to their real life experience.

Equine Assisted Therapy is a non-threatening process that enables people to find their own internal controls and further develop their ability to manage difficult feelings and difficult situations. It encourages behaviour change and development through an empowering process. My research is based on exploring the perceptions of personnel as to whether they find Equine Assisted Therapy effective in relieving work-related traumatic experiences or symptoms.

The requirements for participation in this research study are for the participant to volunteer to participate in a one and a half hour group session, with the horses and colleagues, at an agreed upon time and date by the researcher and personnel. The session will consist of groups of team members working together with the horses and it is not an individual therapeutic programme, but an experiential process with the team whereby I merely want to attain members' perceptions of the methodology from a once off session. There is NO horse riding involved at any time and you do not have to know anything about horses. It is a unique opportunity to experience this new method of support. It is important that the participants are able to commit to 1 session and that the session is offered free of charge to the participants. The session will occur on a farm in Durbanville (Clara Anna Fontein Farm). The session will be conducted by two qualified and experienced professionals in the field and will not involve the researcher. The researcher will only be involved in the interview.

Following from the session involving the horses, the participants will be required to participate in one, semi-structured interview conducted by the researcher regarding the session they would have just experienced. The interview will be a set of questions relating to the Equine Assisted Therapy (E.A.T.) process and their perceptions of what they experienced with the horses. The interview will be recorded for transcribing purposes and the researcher would like to assure participants that this information will not be used for anything other than the data analysis of the research and participants will remain anonymous throughout the process. The interview will happen at a time and place convenient for the participant.

The programme and questions may present opportunities where participants may think about traumatic experiences that they have had in the past, related to their work, and it is their choice to volunteer the information and their perceptions. At any time participants may contact the researcher for any further information (details at the end of this letter) and information will be provided regarding referral options if required by participants.

By volunteering in this study, participants will be helping me to understand their perceptions of Equine Assisted Therapy and whether it is useful as an option to help deal with the traumatic experiences that they go through due to the nature of their work. The study aims to research alternative possibilities for supporting and improving the wellbeing of social workers within the Western Cape. Social workers play an important and vital role in our society and therefore their wellbeing should be a priority for society.

I would like to take this opportunity to thank you for volunteering for my research study and to reassure you that you will remain anonymous throughout the process and in the writing of the final dissertation. Your participation is invaluable and much appreciated! I am truly grateful for your help.

Yours sincerely,

Sarah Garland

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## Appendix two – Consent form

# Consent form

## Voluntary participation in research

I (*full name*)\_\_\_\_\_ have been asked to volunteer my participation in the following research project: **An explorative study of the perceptions of social workers who are exposed to work-related, secondary traumatic experiences through their clientele, of the psychosocial support Equine Assisted Therapy (E.A.T.) could provide**

The process of Equine Assisted Therapy has been explained to me and I understand that there is no horse riding involved, that it is a non-threatening process that aims to provide support for me and that I have been given the opportunity to ask the researcher any questions I may have before the process starts.

It has been explained to me that I am required to attend a one and a half hour session of Equine Assisted Therapy with the company named Reflectionz at their farm in Durbanville. I understand that the session is a group session that I will be involved with and that there will be other social workers participating in the group session with me.

I understand that the session is to remain confidential in order to respect my own privacy as well as that of the other participants; hence I agree not to share what happens in the equine session with anyone outside of the research project.

I understand that I will be asked to volunteer my participation in a semi-structured interview with the researcher once the equine session has been completed to answer questions regarding my perceptions of the Equine Assisted Therapy process.

I acknowledge that I am volunteering my participation.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_








Signature: \_\_\_\_\_

Contact details: Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## **Appendix three – interview schedule**

### **Interview Schedule**

#### ***Introduction:***

-  Welcome
-  This interview is aiding towards my research for my Master's in Clinical Social Work where I am exploring the perceptions of the effectiveness of Equine Assisted Therapy offered to social workers who are exposed to work-related traumatic experiences through their clientele.
-  The interview begins with me collecting some demographic information and asking some general questions. I will then go into more specific questions that are focussed around my main research questions. The questions explore your perceptions of the EAT process that you have been through, what your opinion is on certain aspects of the process and also what were some of your emotional experiences and responses during the process.
-  I would like to remind you that this interview will be recorded for research purposes and to confirm that it is only me who will be in contact with the interview recording. The data will be analysed and used according to a coding system and quotes may be removed from interviews to emphasise a point in the data report, but the interview will remain anonymous at all times.
-  I would like to confirm that you have given your consent to voluntarily participate in this study and interview process?
-  I would like to confirm that you will remain anonymous throughout the interview process as well as the research process. Any data revealed in the results of my research will be kept anonymous and specific individual referrals will have aliases assigned to them.
-  Any questions you may have before we begin?

#### ***Information:***

- Gender: \_\_\_\_\_
- Age: \_\_\_\_\_
- Home language: \_\_\_\_\_
- Are you currently working as a social worker? \_\_\_\_\_
- How many years have you been in the mental health profession? \_\_\_\_\_
- Does your current position require you to work with clientele who suffer/have suffered from traumatic experiences? \_\_\_\_\_
- Have you in the past or do you currently attend psychosocial support relating to your work? \_\_\_\_\_

**General:**

1. Had you heard about Equine Assisted Therapy before?
2. What did you think of EAT when you first heard about it?
3. How did you feel about doing the EAT programme before you started?

**Research Questions:**

- I. **What are the perceptions of social workers, with a history of work-related trauma, as to whether EAT assisted in addressing/improving their trauma and stress symptoms, if any?**
  1. Do you experience trauma and stress symptoms as a result of your work?
  2. What kind of trauma and/or stress symptoms do you experience?
  3. Was there a time/times where you were able to address such symptoms?
  4. Did the process allow you to discuss these symptoms?
  5. Do you feel that your symptoms had been addressed/improved during the session?
- II. **Which aspects of the experience of EAT did the social workers perceive to particularly assist them in addressing their work-related trauma experiences?**
  6. What role did the horses play for you?
  7. Was there anything else about this specific process that helped you?
  8. What role did the facilitators play for you?
  9. Did you find the reflection time of the process useful, if so, how?
  10. What impact did the activities have for you?
  11. What specifically about the EAT process helped you the most in addressing your past work-related traumatic experiences?
- III. **Do social workers, with a history of work-related trauma, experience EAT as emotionally supportive?**
  12. What do you feel about the process in terms of safety?
  13. How did you find the process in terms of support?
  14. What feelings and/or emotions did you experience and how did the process affect that?
- IV. **What are the perceptions of social workers, with a history of work-related trauma, as to whether EAT assisted them in addressing their past work-related traumatic experiences?**
  15. In your opinion, did the EAT process allow you the opportunity to talk about past traumatic experiences you have had while at work?
  16. Did your involvement in the arena allow you the opportunity to relate to your past trauma experiences?

17. Did the work in the arena, with the horses, help you deal with your past trauma experiences?

**V. How do social workers, with a history of work-related trauma, perceive their experience of EAT in comparison to other support services available to them?**

18. Have you been to or are you currently attending psychosocial support services?

19. Have you found psychosocial interventions helpful in addressing the past work-related trauma that you experience?

20. In your opinion, how does the EAT process compare to other psychosocial services that you have experienced?

21. Would you choose EAT as an option to help alleviate your trauma and stress symptoms?

University of Cape Town